GEORGETOWN UNIVERSITY LIBERAL STUDIES DEGREE PROGRAM THESIS PROPOSAL APPROVAL FORM (submit one copy)

Student's Name:		GU#	GU#	
Address:				
Phone #: (o)	(h)	Email:		
FINAL TRANSCRIPT INFO	RMATION—FILL OUT (CORRECTLY AND COMPLETED	Y :	
Birthplace:		Birth date		
CITY	STATE COUN	TRY		
MALS Students:		AND LOCATION (CITY & STATE) OF UN	IVERSITY	
and the mentor must be a pro	ofessor from that field or	is noted, the thesis topic must be department. Additionally, please	explain how the	
tor, Liberal Studies Degree Prog	gram, and must provide con	must be approved by Anne H. Riddenplete address and SS# for payment		
Phone #: (o)	(h)			
Student Signature:		Date		
Final Approval of the Th	nesis Proposal			
Mentor Signature:		Date		
Thesis Proposal Workshop Signature:	Professor			
Director of the Liberal Stu Signature:		Date		