MA Research Thesis Approval Form

Student Name ______________________________________________________

Student Number ____________________________________________________

Title of Thesis (Working Title) __________________________________________

________________________________________________________________________

Turn in the completed form and attach a document (A4, doubled spaced) with the following information:

1. Brief literature review

2. Statement of research problem and hypothesis

3. Outline of thesis (Methodology) – this includes:
   a. Design
   
   b. Data analysis (consistent with the hypothesis) including variables (independent and dependent),
   
   c. Number and source of participants, participant inclusion and exclusion criteria
   
   d. Randomization methods, if necessary
   
   e. A copy of the consent form and information to be given to participants about the research
   
   f. Special requirements (type of facility, room, tests, equipment, development of materials etc.)
   
   g. The overall procedure such as the sequence of steps in the research

4. Bibliography (relevant literature resources related to thesis topic)
Thesis Approval by Thesis (Faculty) Supervisor:

I agree to supervise this thesis project as in the form of a 6-credit independent learning experience semester course with the following course number:

PSYC 6100 MA Thesis

______________________________________________________________
Thesis Advisor Signature and Date

Thesis Approval by Thesis Readers:

I agree to be the first/second reader of this thesis: to provide suggestions and aid in the grading of this semester course with the following course number:

PSYC 6100 MA Thesis

______________________________________________________________
Thesis Reader Signature and Date

Thesis Approval by Department Head/Academic Director:

______________________________________________________________
Department Head/Academic Director Signature and Date

Thesis Proposal Review Panel:

Proposed date and time for the Thesis Review Panel: ________________________

1. Supervisor: __________________________________________________________

2. Faculty member: _____________________________________________________

3. One additional reviewer (advisor, peer, other invited guests and members of the University):
   ___________________________________________________________________

Approval through the Ethics Committee at WU St. Louis or external:

Yes – Date of submission/Institute: ________________________ No