

SUBJECT FOR MASTER'S OR LICENTIATE THESIS
THE CATHOLIC UNIVERSITY OF AMERICA
School of Philosophy

All fields required; PLEASE TYPE OR PRINT LEGIBLY!

Completed form should be submitted to the School of Philosophy Dean's Office, located in 100 Aquinas Hall.

I, _____ wish to submit the following subject for investigation:
(NAME)

Please check one:

Master of Arts degree

Licentiate degree

Candidate *SIGNATURE* Date

Major Professor *PRINTED NAME*

Candidate's CUA Email Address

Major Professor *SIGNATURE* Date

Approved by Faculty (Office Use Only):

Dean *PRINTED NAME*

Secretary *PRINTED NAME*

Dean *SIGNATURE* Date

Secretary *SIGNATURE* Date