

COLUMBIA UNIVERSITY

IN THE CITY OF NEW YORK

DEPARTMENT OF ART HISTORY AND ARCHAEOLOGY
MIRIAM AND IRA D. WALLACH FINE ARTS CENTER

MASTERS THESIS CONFIRMATION FORM

Student Name: _____

MA Program: _____

Thesis Advisor Name: _____

Additional Faculty Thesis consultant(s) _____

*(If you will be in regular communication with any additional faculty members throughout the thesis writing process, please write their name(s) in the field above. This is an option, **not** a requirement for the Thesis.)*

Begin Thesis in (fall or spring) of (year): _____

Please provide a brief description of your thesis topic below. Ask your advisor to approve of your topic by signing the bottom of this form. Please submit the signed form to the MA Program Coordinator in 826 Schermerhorn Hall.

Thesis Advisor's Signature of Approval _____

Date _____