

Submitted by _____ (Student's name) _____ (Date)

Check the Appropriate Program:

MAPS _____ MATS _____ MACF _____ MDIV.TS _____

Title of the proposed thesis: _____

Requested thesis supervisor _____

Requested second reader _____

Signatures:

Student _____ (date)

Recommended by _____ (academic adviser) _____ (date)

Approved _____ (MA or MDIV director) _____ (date)

Supervisor & Second Reader approved _____ (academic dean) _____ (date)

Thesis supervisor confirmed _____ (name) _____ (date)

Second reader confirmed _____ (name) _____ (date)

Attachments:

1. Student's educational rationale for the thesis option.
2. Adviser's statement affirming the student's demonstrated writing ability in English (or another language) and affirming the student's ability to complete written assignments on time.
3. Brief description of the thesis project, with outline, and proposed schedule for completing it.
4. Student's plan of study.