

Submitted by

(student's name)

(date)

Program **Master of Dvinity, Theological Studies Program**

Title of the proposed thesis:

Requested thesis supervisor

email:

Requested second reader

email:

Signatures:

dates:

Student ID or signature

Recommended by academic adviser

Checking the box at the left and signing below indicates the MA or MDIV director has verified the student has a 3.50 grade point average (GPA) or better.

MDIV director approval
Academic Dean approval

Confirmations: (enter name)

Thesis supervisor

Second reader

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

distribution:

____ MDIV Director

____ Faculty Adviser

____ Thesis Supervisor

____ Second reader

____ Student