



UNIVERSITY OF ST. MICHAEL'S COLLEGE

BASIC DEGREE THESIS PROPOSAL FORM

SURNAME

FIRST NAME

STUDENT NUMBERS:

SESSION:

2013-5 (Summer 2013)
2013-9 (Sept. 2013)
2014-1 (Jan. 2014)

STUDENT'S PROGRAM: MDiv MTS

BD THESIS TSX 3333Y

Thesis Director:	
Title of Thesis: (First 26 characters will be recorded)	
Description:	
Requirements:	
Evaluation:	

Reader 1: _____

Reader 2: _____

Student's Signature: _____ Date: _____

Thesis Director's Signature: _____ Date: _____

BD Director's Signature: _____ Date: _____

Student Services Officer's Signature: _____ Date: _____

Distribution: Student File Student Thesis Director Thesis Director's Department