DEPARTMENT OF COMMUNICATIVE SCIENCES AND DISORDERS

MASTER’S THESIS APPLICATION

Student Name:____________________________
N#: ____________________________________
Email: __________________________________
Phone: _________________________________
GPA: _______________
Anticipated Graduate Date: _____________
Faulty Mentor Name & Signature:_________________________________________________________
Thesis Title: ____________________________________________________________
__________________________________________________________

Proposal Submission Date: ______________
Proposal Review Decision Date: ___________
Proposal Review Recommendation:
_____Approved  _____Approved with Revision  _____Not Approved
Faculty Mentor: __________________________ DATE: ___________________
Reader 1: ____________________________ DATE: ___________________
Reader 2: ____________________________ DATE: ___________________

Thesis Submission Date: ________________
Thesis Review Date: _____________________
Thesis Review Decision:
_____Accepted  _____Accepted with Revision  _____Not Accepted
Faculty Mentor: __________________________ DATE: ___________________
Reader 1: ____________________________ DATE: ___________________
Reader 2: ____________________________ DATE: ___________________