

M.A. in Medieval and Renaissance Studies
Thesis Proposal Approval Form

Student's Name (please print): _____ UNI: _____

Tentative title of thesis:

(Primary) Supervisor:

Name (please print): _____

Department or program: _____

Signature _____ Date: _____

Co-Supervisor [Optional; will be assigned by Program Director if left blank]:

Name (please print): _____

Department or program: _____

Signature _____ Date: _____

Attach thesis proposal to this form

Confirmation of Receipt:

Signature of Program Coordinator _____ Date _____

Signature of Director of the MA Program _____ Date _____