

Graduate Student Program Form
Department of Linguistics

M.A. In Applied Linguistics Degree, Project

Note: This form must be submitted to the graduate advisor

(i) each year by September, 30

(ii) when the thesis proposal is approved by the supervisory committee, and

(iii) when any changes in the program or supervisory committee occur.

Name _____

Reg. No. _____ Email _____

Telephone _____ Funding provided by supervisor (current year) _____

SUPERVISORY COMMITTEE

Note: When the thesis proposal has been approved, the committee members must sign in the spaces provided below. At other times, please print their names.)

Supervisor _____ Signature _____

Committee member _____ Signature _____

Additional Member (not required) _____ Signature _____

THESIS TITLE OR TOPIC

THESIS PROPOSAL APPROVED BY SUPERVISORY COMMITTEE

1. Has your project proposal been approved by your supervisory committee?

Yes _____ No _____

2. If Yes, the date of the approval or thesis proposal defense _____

3. Does your thesis/dissertation involve human subjects? Yes _____ No _____

(Note: If Yes, a "Request for Ethical Review" form must be completed and submitted to the Human Research Ethics Committee for approval)

4.

PROGRAM

UNDERGRADUATE COURSE REQUIREMENTS (EXTRA TO PROGRAM IF APPLICABLE)

Course & units	Intended completion date	Actual completion date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PROGRAM COURSES (a minimum of 1 ì X ñ units of coursework plus

Total Program Course Units (items 31 above): _____ units (a minimum of 15 units)

Student's Signature

Date

Supervisor's Signature

Date

Graduate Advisor's Signature

Date