

~~Graduate~~
De

M.A. In Applied Linguistics Degree, Thesis

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. _____ E-mail _____

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 thesis/dissertation 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. Has your "Request for Ethical Review" application been approved? Yes _____ No _____

5. If Yes, the date and number of the approval Date _____ Number _____

LANGUAGE REQUIREMENT

1. Has your language requirement been satisfied? Yes _____ No _____

2. If No, when do you intend to satisfy it? _____

3. And how do you intend to satisfy it? _____

(Note: Refer to the

