



THESIS OR PROJECT PROPOSAL

Th.M.

Master of Theology

Student's Name: _____

Title of Thesis/Project: _____

Area of Concentration: _____

COURSE TAKEN FOR DEGREE:

Course #	Course Title

READERS' SIGNATURES:

Thesis/Project Director: _____ Date: _____

Reader: _____ Date: _____

Second Reader (if applicable): _____ Date: _____

THESIS/PROJECT PROPOSAL: attach it to this form, making sure that you follow the guidelines and format outlined in the Th.M. Program Handbook.

Associate Dean Date

SUBMIT THIS COMPLETED FORM TO THE ASSOCIATE DEAN'S OFFICE.

A copy will be returned to you.