

Doctor of Philosophy Post-Admission Thesis Proposal Form

University of Lethbridge ID Number									
Today's Date									

Due within the first year after the student registers for the first time.

The thesis proposal must be a minimum of 4,000 words (excluding references) and should include: a literature review, a working hypothesis, methodology and experimental design, preliminary data to assess the feasibility of the proposed research (where possible), a reasonable number of properly formatted peer-reviewed references and a Gantt chart with overall timeline and milestones.

Review the Doctor of Philosophy Policies & Procedures for detailed information (www.ulethbridge.ca/graduate-studies/policies-procedures).

Student information

Surname: _____	Given Name(s): _____
Major: _____	Concentration: _____
Term of start in program: _____	
Thesis title: _____	

Thesis Proposal and outcome

Date of examination: _____	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Revise	<input type="checkbox"/> Supervisory Committee report attached
----------------------------	---------------------------------------	---------------------------------	--

Thesis Proposal and defence adjudicators

Your signature indicates that you adjudicated the Thesis Proposal and defence, and approved the final proposal:

Name: _____	Signature: _____	Date: _____
Name: _____	Signature: _____	Date: _____
Name: _____	Signature: _____	Date: _____
Name: _____	Signature: _____	Date: _____
Name: _____	Signature: _____	Date: _____

(Co) supervisor authorization

Your signature indicates that you have approved the Thesis Proposal:

(Co) supervisor name: _____	Signature: _____	Date: _____
(Co) supervisor name: _____	Signature: _____	Date: _____

Department Chair authorization

Your signature indicates that you have received a copy of the Thesis Proposal:

Name: _____	Signature: _____	Date: _____
Name*: _____	Signature: _____	Date: _____

**Second Chair approval required when Co-supervisors are from different departments*

Submit completed Thesis Proposal and form to School of Graduate Studies Office.

Office use only (final approval)

Program Chair name: _____	Signature: _____	Date: _____
SGS Dean name: _____	Signature: _____	Date: _____