Post-Admission Thesis Proposal Form
MA/MFA/MMus/MN/MSc

University of Lethbridge ID Number

☐☐☐☐☐☐☐☐☐

Today's Date

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Master of Fine Arts	Master Music
Due no later than June 30 of the first year of the program.	Due no later than June 30 of the first year of the program.

Master of Science	Master of Arts	
	Initial Proposal	**Full Proposal**
Full-time due dates:	*Full-time due dates*:	*Full-time due dates*:
• Spring start (Aug. 31) • Summer start (Dec. 31) • Fall start (Apr. 30)	• Spring start (May 31) • Summer start (Sept. 30) • Fall start (Jan. 31)	• Spring start (Jan. 31 of second year) • Summer start (May 31 of second year) • Fall start (Sep. 30 of second year)
Part-time due dates:	*Part-Time Due Dates*:	*Part-time due dates*:
• Spring (Apr. 30 of second year) • Summer (Aug. 31 of second year) • Fall (Dec. of second year)	• Spring start (Oct. 31) • Summer start (Feb. 28) • Fall start (Jun. 30)	• Spring start (Jan. 31 of third year) • Summer start (May 31 of third year) • Fall start (Sep. 30 of third year)

If revisions to the Thesis Proposal are required, student will submit the revised Thesis Proposal to the School of Graduate Studies outlining the revisions with this form. **Review the program specific Policies & Procedures for Thesis Proposal expectations** (**www.ulethbridge.ca/graduate-studies/policies-procedures)**.

Student information

Surname: _____ Given name(s): _____

Degree: _____ Major: _____

Concentration (if applicable): _____

Term of start in program: _____ ☐ Full-time ☐ Part-time

Thesis Title: _____

Supervisory Committee endorsement

Your signature indicates that you have read and approve of the student's Thesis Proposal:

(Co) Supervisor Name: _____ Signature: _____ Date: _____

(Co) Supervisor Name: _____ Signature: _____ Date: _____

Name: _____ Signature: _____ Date: _____

Name: _____ Signature: _____ Date: _____

Name: _____ Signature: _____ Date: _____

Name: _____ Signature: _____ Date: _____

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 form to School of Graduate Studies Office

Office Use Only (Final Approval)

Program Chair name: _____ Signature: _____ Date: _____

SGS Dean name: _____ Signature: _____ Date: _____