

## Faculty of Education Approval of Thesis Proposal

This form is to be used to officially approve a Thesis Proposal for Master of Education students. Students should submit the completed form to the Office of Graduate Studies and Research in Education. The Thesis Proposal, which outlines the components of the Thesis, should be developed in conjunction with the supervisor. **The Thesis Proposal should be attached.**

The following should be in place prior to submitting this form:

- Thesis Supervisory Committee form has been submitted and approved.
- Thesis Proposal defence has been held.

This form does not constitute registration in the Thesis course. For registration procedures contact the Office of Graduate Studies and Research in Education ([edu.masters@uleth.ca](mailto:edu.masters@uleth.ca)).

**NOTE:** Registration in and subsequent withdrawal from the Thesis will impact student transcripts and fees.

Review the program specific Policies & Procedures for detailed information ([www.ulethbridge.ca/graduate-studies/policies-procedures](http://www.ulethbridge.ca/graduate-studies/policies-procedures)).

### Student information

Surname: \_\_\_\_\_ Given Name(s): \_\_\_\_\_

M.Ed. Program Major:  Counselling Psychology  Educational Leadership  General – Cohort: \_\_\_\_\_

Year/Term of Start in Program: \_\_\_\_\_

Proposed Thesis title:

### To be completed by Thesis Supervisory Committee:

*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: \_\_\_\_\_

Committee Member Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Committee Member Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Committee Member Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Associate Dean, Graduate Studies and Research in Education authorization

**Approval:**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Associate Dean, Graduate Studies and Research in Education

The personal information on this form is collected pursuant to the *Post-secondary Learning Act* and the *Freedom of Information and Protection of Privacy Act* for student program approvals. For questions on the collection, use and disclosure of this information, please contact the University's FOIP Coordinator at 4401 University Drive, Lethbridge, AB T1K 3M4; [foip@uleth.ca](mailto:foip@uleth.ca); 403-332-4620.