Faculty of Education

Graduate Studies Program

**07.770**

**M.Ed. Thesis Request Form**

Please submit completed request form via email to: [facultyedgrad@brandonu.ca](mailto:facultyedgrad@brandonu.ca)

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| **Name** |  | **Student**  **Number** |  |
| **Department** |  | **Department Chair** |  |
| **Phone (H)** |  | **Phone (W)** |  |
| **BU Email** |  | **Email (W)** |  |

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| |  | | --- | | Please include a brief description of a potential research topic: | | Student Bio: |   Please complete the section below, noting the graduate courses that have been successfully completed to date (15 credit hours minimum):   |  |  |  |  | | --- | --- | --- | --- | | Course # / Section | Course Title | Date/Term Completed | Instructor | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |
| |  |  |  | | --- | --- | --- | | Anticipated Timeline for the Thesis: | | | |  | Start date: |  | |  | Completion date |  | | |  |  | | --- | --- | |  | If requested by the respective department, do you give your consent for your Student Program Sheet and grades to be shared with the Department Chair?:  Yes  No | | | |   ***Internal Use Only:***   |  |  |  | | --- | --- | --- | |  |  |  | | Student Name (printed) |  | Student (signature) | |  |  |  | |  |  |  | | Thesis Supervisor Name (printed) |  | Thesis Supervisor (signature) | |  |  |  | |  |  |  | | Committee Member Name (printed) |  | Committee Member (signature) | |  |  |  | |  |  |  | | Committee Member Name (printed) |  | Committee Member (signature) | |  |  |  | |
| |  |  | | --- | --- | | Signature of Department Chair: | Date: | | Authorized to Proceed: Signature by GEC Chair: | Date: | |
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