UNIVERSITY OF NEW HAVEN
GRADUATE SCHOOL

PROPOSAL FOR MASTER'S THESIS

Complete this form in triplicate and attach a copy of the typewritten proposal to each copy of this form.

NAME _____ TERM_____

ADDRESS _____ PHONE_____

_____ EMAIL_____

DEGREE PROGRAM_____ THESIS/COURSE #_____

Prepare a written proposal, typed on separate sheet(s), which addresses each of the following issues:

Statement of the problem

Methods of research to be utilized

Method of data analysis

Way in which the research will contribute an original point of view

_____ _____
Student's Signature Date

APPROVALS REQUIRED:

Thesis Advisor: _____ _____
Signature Date

Department Chairperson: _____ _____
Signature Date

Program Coordinator: _____ _____
Signature Date

Dean of the Graduate School _____ _____
Signature Date

DISTRIBUTION: One copy to the student, one copy to the thesis advisor, one copy to the Graduate Services, and one copy to the Graduate Records Office (with the student's registration form) for the student's permanent record. Deadline for submission for the completed thesis proposal form and registration for thesis credit is the last day to add a class for the current trimester.

Rev. 1/00