Faculty of Education

Graduate Studies Program

**07.770**

**Thesis Supervision Request Form**

(to be completed by the student & then emailed to: facultyedgrad@brandonu.ca )

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

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| Thesis Title: |
| Description: |
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| Student Bio: |
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|  | Anticipated Start date: |
|  | Anticipated Completion date (max 2 years for project, 3 years for thesis): |
|  | Approved by: (D) Date:  |