Faculty of Education

Graduate Studies Program

**07.770**

**M.Ed. Thesis Request Form**

Please submit completed request form via email 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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| Please include a brief description of a potential research topic: |
| Student Bio: |

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| Anticipated Timeline for the Thesis: |
|  | Start date: |  |
|  | Completion date |  |
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|  | 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 |

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***Internal Use Only:***

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| Student Name (printed) |  | Student (signature) |
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| Thesis Supervisor Name (printed) |  | Thesis Supervisor (signature) |
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| Committee Member Name (printed) |  | Committee Member (signature) |
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| Committee Member Name (printed) |  | Committee Member (signature) |
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| Signature of Department Chair: | Date: |
| Authorized to Proceed: Signature by GEC Chair: | Date: |

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