**Brandon University**

**MUSIC GRADUATE STUDIES**

**MUSIC EDUCATION**

**63:695 Master’s Thesis Request Form**

Please submit completed request form to the Department Chair

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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 |  | |  | | |   ***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: | |
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