

Unity College Thesis Proposal

Name: _____ Date Submitted: _____

Date to be Started: _____ Date to be Completed: _____

Course #: _____

Title: _____

Previous Related Courses:	Course #:	Grade:
	_____	_____
	_____	_____

Description of Thesis:

Method of Evaluation (term papers, exam, etc.):

Student's Signature:	_____	Date: _____
Instructor's Signature:	_____	Date: _____
Center Director Signature:	_____	Date: _____
Instructor's Signature:	_____	Date: _____
Center Director Signature:	_____	Date: _____

PLEASE NOTE: This form will be a part of your permanent file. It **MUST** be typewritten, and a bibliography should be attached. Feel free to recreate the form on your word processor.

Advisor's Initials _____