

**THESIS (EDUC 5K95)
APPLICATION**

Part-time students must submit this application in the term in which they will have 5 half-credit courses, including EDUC 5P92, completed. For example, if course work will be completed in the winter term, this application should be completed at the end of the winter term, to allow registration in the spring term.

Normally, full time students submit this application by the end of January.

All students must find an approved research supervisor from the MEd Supervisory list. The research supervisor will meet with the student to review the tentative research plan, which is inserted into this application. This application is **not** the student's research proposal, which is more comprehensive, and which must be approved by both the research supervisor and the supervisory committee.

The Graduate Program Director must approve this application before students can be given an override allowing them to register for the course. Please email this application with student and supervisor signatures to med@brocku.ca subject heading: THESIS APPLICATION. Allow up to 5 business days for processing.

Student Name: _____ FOS: _____

Student Number: _____ Student email: _____

Student signature: _____ Date: _____

Approval

Supervisor Name _____

Supervisor signature: _____ Date: _____

Signature of Graduate Program Director: _____

Proposed Title: _____

Proposed Topic:
(25 words or less)

How your background (professional and academic) has prepared you for this research.

(25 - 75 words)

Research Rationale:

(250 - 300 words)

Research design and tentative timeline:

(250 - 300 words)