



Thesis Proposal Evaluation Form

Student's Information

Full Name:	Student Number:	Nationality:
Phone Number:	Email Address:	
Program:	Department:	
School:	Year and Month of Admission:	
Date of proposal Submission:	File/Registry Number:	

Proposed Thesis Project: (A completed proposal submission form must be attached to this form)

<p>Title:</p> <p>Question/Problem statement:</p> <p>Objectives (General and Practical):</p> <p>Method in brief:</p>
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Research Team

1st Supervisor	Name and Signature:	Academic Rank:
2nd Supervisor	Name and Signature:	Academic Rank:
1st Advisor	Name and Signature:	Academic Rank:
2nd Advisor	Name and Signature:	Academic Rank:

Step 1: Evaluation of the Proposal by the Department

This proposal was evaluated by the department and the following decision was made:

Decision:

- Approved
- Conditionally Approved (needs revision)
- NOT Approved

Comments:

Date of Evaluation	Department Educational Rep.	Signature of Department Dean



Step 2: Evaluation of the Proposal by the School's Postgraduate Council

This proposal was evaluated by the School's Postgraduate Council and the following decision was made:

Decision:

- Approved
- Conditionally Approved (needs revision)
- NOT Approved

Comments:

Date of Evaluation	Signature of School's Vice Dean for Education	Signature of School's Vice Dean for Research