THESIS PROPOSAL FORM

DEPARTMENT OF ENGLISH

UNIVERSITY OF ROCHESTER

To be filled out by the thesis candidate in consultation with proposed thesis director and returned in **two copies** to the Director of Graduate Studies.

	Date:
Name:	
Tentative Title of Proposed Thesis:	
Language Requirement Passed:	Date:
Qualifying Examination Passed:	Date:
Name of Proposed Director of Thesis:	
Name of Proposed Second Reader of Thesis:	
Name of Proposed Outside Reader of Thesis:	
Department:	
Brief Description of Proposed Thesis:	
Brief Comment of Thesis Director :	
-	(Signature)
	Tentative Title of Proposed Thesis: Language Requirement Passed: Qualifying Examination Passed: Name of Proposed Director of Thesis: Name of Proposed Second Reader of Thesis: Name of Proposed Outside Reader of Thesis:

	- Approximately three pages, with appended bibliography, of significant scholarship on the subject; <i>please attach with submission</i> .
11.	Approved for Consideration:
	Thesis Director:
	(Signature)
	Date:
	Additional Comments, if any:
12.	Approved, Director of Graduate Studies:
	(Signature)
	Date:
	Comments, if any:
13.	Approved, Chairman of Department:
	(Signature)

10. Prospectus of Proposed Thesis:

Comments, if any: