

APPROVAL OF THE MASTER OF ARTS IN EDUCATION (MA) THESIS PROPOSAL

STUDENT IDENTIFICATION		
SURNAME	GIVEN NAME	STUDENT NUMBER
TITLE OF THE THESIS PROPOSAL		
NAME OF THESIS SUPERVISOR		NAME OF THESIS CO-SUPERVISOR

Signing this form attests that you have read the student's master research project proposal and met with the committee members. You agree to permit the student to proceed with the research.

TYPE OF THESIS	COMMITTEE MEMBERS		
	NAME (BLOCK LETTERS)	SIGNATURE	DATE
<input type="checkbox"/> MONOGRAPHY <input type="checkbox"/> WITH ARTICLE(S)	MEMBERS		
	1.		
	2.		
	THESIS SUPERVISOR		
EVALUATION	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Non-satisfactory		