STM PROPOSAL

Name ___________________________ Date _____________________

Year: □ first □ second □ other Anticipated graduation date: _____________________

Status: □ Part-time □ Full-time SID#: ____________________________

An extended paper, an independent thesis, or a project in the candidate’s area of concentration is required for the STM degree. Please indicate your intent by completing the appropriate section below and returning this document to the Registrar’s Office.

Proposal for an extended paper:

Course name and number: ________________________________________________________________________

Semester course taken: □ Fall □ Spring __20____ (year)

Topic of paper: ________________________________________________________________________________

Course Instructor’s name and signature: ______________________________________________________________

Academic Adviser’s name and signature: _____________________________________________________________

Proposal for an STM □ project or □ thesis (please check one)

Please be sure to register for REL 3999, STM thesis

Thesis/Project Title: _______________________________________________________________________

Brief description of the thesis or project: _______________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

Number of semesters: □ one □ two Number of credit hours: □ three □ six

First Reader’s name and signature: _______________________________________________________________________

Second Reader’s name and signature: _______________________________________________________________________

Academic Adviser’s name and signature: _______________________________________________________________________

Director of STM studies signature: _______________________________________________________________________