



PROJECT/THESIS

DECLARATION OF RESEARCH INTEREST AND ADVISOR REQUEST FORM

Master of Education Program

Please complete this form and email a copy to the Chair of MEd Program. The Dean and Chair will then review each request before assigning an advisor.

Date of Submission:	
Student Name:	ID#
Mailing Address:	StFX email:
	Home Phone:

1. Check one: Project <input type="checkbox"/>	Thesis <input type="checkbox"/>
2. If possible, indicate a prospective advisor, or reader(s), where applicable:	
Project	Thesis
Project Advisor:	Thesis Advisor:
Second Reader:	Second Reader:
	Third Reader:
3. Working title of project or thesis, if known:	
4. Please state, in 25 words or less, the topic area in which you wish to complete your project or thesis:	
5. Date when you propose to take 506, 507, or 508:	
6. Date of recommended 593:	
7. Proposed start date of project or thesis:	
8. External committee member (if determined):	

SIGNATURES REQUIRED

Chair approval:	Date:
Dean approval:	Date:

After approvals are granted, a copy of this form is to be returned to the MEd Program Office so the student can be registered in the project or thesis.