
APPLICATION FOR MASTER'S LEVEL THESIS

Trinity Evangelical Divinity School and Trinity Graduate School

Trinity International University

University Records: 2065 Half Day Road; Deerfield, IL 60015 Fax (847) 317-8107



TEDS/TGS Records Contact Information: Phone - (847)317-8050 E-mail: teds-tgsrec@tiu.edu

Applicant: Submit this completed application bearing all necessary signatures, together with four (or five in the case of a Third or External Reader) of your proposal (a copy of this topic approval form must be attached at the top of each copy) to the Records Office by September 15 (May or August graduands) or February 1 (December graduands). Note specific guidelines for the proposal, etc. in the current Academic Handbook.

Name: _____ ID#: _____

E-mail address: _____ Daytime phone #: _____

Program Information: TEDS TGS / MA ThM / Concentration: _____
(Check one) (Check one)

Intended Graduation (Program Completion) Date: Fall Spring Summer Year _____

*(Note: Your graduation date links directly to your thesis completion schedule as outlined in the **Academic Handbook**. Deviations from the thesis timeline schedule must be approved by your Thesis Committee and Department Chair and may jeopardize your graduation date)*

I have filed an Intent to Graduate form with the Records Office : Yes No

(May or August graduands must file by the last day of fall classes. December graduands must file by the last day of spring classes)

Proposed Thesis Topic: _____

I have examined the library proposal file containing theses in progress and note below those similar in subject matter—note topic, student, department, date—if none, write “none”

FIRST READER APPROVAL (REQUIRED):

I have discussed the proposed topic and reviewed the attached proposal with the applicant and am willing to serve as First Reader of the thesis

Printed name Signature Date
Address of 1st reader, if not TEDS faculty (*MA/T Capstone only*):

SECOND READER APPROVAL (REQUIRED):

I have discussed the proposed topic and reviewed the attached proposal with the applicant and am willing to serve as Second Reader of the thesis

Printed name Signature Date
Address of 2nd reader, if not TEDS faculty:

THIRD READER APPROVAL (OPTIONAL):

I have discussed the proposed topic and reviewed the attached proposal with the applicant and am willing to serve as Third Reader of the thesis

Printed name Signature Date
Address of 3rd reader, if not TEDS faculty:

DEPARTMENT CHAIR APPROVAL (REQUIRED):

I have reviewed the application and attached proposal, and grant departmental approval for this thesis topic and committee

Signature: _____ Date: _____

Approval of the Academic Dean's Office is required if any proposed Thesis Committee member is not a full-time faculty member

Signature of Dean: _____ Date: _____