



PROJECT/THESIS

**DECLARATION OF RESEARCH INTEREST & ADVISOR/SUPERVISOR 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"/>
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2. If possible, indicate a prospective supervisor/advisor, and/or committee member(s), where applicable:	
Project	Thesis
Project Advisor:	Thesis Supervisor:
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. Proposed start date of project or thesis:

7. 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.