## Intention to Complete the Thesis For the M.A. in English

Student	Name:		Ι	Date:
	Phone:	Email:		
	Mailing Address:			
Propose	ed Semester(s) of Thesis C	<b>Credits</b> (please enter yea	r in appropria	te semester):
	Spring Fall	Summer I Sumr	mer II	
Directo	r:			
				or no later than the 10 <sup>th</sup> week of the semester ber of the English Department's Graduate
	Name of Director:			
	Signature of Director: _			Date:
	If the student has chosen a co-Directed Thesis, indicate the second Director (only available to those writing the thesis over two semesters of 3 thesis credits each):			
	Name of Director:			
	Signature of Director:			Date:
Faculty	Readers:			
		ve enrolled for Thesis cr	edits. At leas	s no later than the $8^{th}$ week of the first t one of the faculty Readers must be a
	Name of Reader #1:			_
	Signature:		Date:	
	Name of Reader #2:			_
	Signature:		Date:	
Thesis I	Review:			
	Date:	Time:		Room: