

Translation Proposal Form

Date:

Contact Details:

Name:

email add.

Congregation or Diocese:

Mobile Phone no.

Title of Document for Translation:

Importance of the Translation:

Target Language: _____ Receptor Language: _____

Adviser: _____

Translation Time Table:

Chapters/ Paragraphs	Week 1 - 2	Week 3 - 4	Week 5 - 6	Week 7 - 8	Week 9 - 10	Week 11-12	Week 13-14	Week 15-16

Expected Date of Submission: _____

Translator's Signature

Research Director's Approval