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| Appendix 1 |
| Appendix 1 |

**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:

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| Chapters/Paragraphs | Week1 - 2 | Week3 - 4 | Week5 - 6 | Week7 - 8 | Week9 - 10 | Week11-12 | Week13-14 | Week15-16 |
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Expected Date of Submission:

Translator’s Signature

Research Director’s Approval