**Thesis Proposal Submission Form**

Date: Contact Details:

Name: email add.

Congregation or Diocese: Mobile Phone no.

Title of Research(s)

Adviser: (Name and Signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Research Time Table:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Research out-put | Week1 - 2 | Week3 - 4 | Week5 - 6 | Week7 - 8 | Week9 - 10 | Week11-12 | Week13-14 | Week15-16 |
| Intro |  |  |  |  |  |  |  |  |
| Body |  |  |  |  |  |  |  |  |
| Conclusion |  |  |  |  |  |  |  |  |
| Revision |  |  |  |  |  |  |  |  |
| Final Form |  |  |  |  |  |  |  |  |

Date of Thesis Defense: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This document is to be submitted together with the Thesis Proposal and the Bibliographical Entries and submitted to the Research Office.

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Researcher’s Signature

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Research Director’s Signature