

Tutorial:     Thesis Proposal:     Thesis:     Number: \_\_\_\_\_

The departmental request form must be approved by the Supervisor (a full-time faculty member of the Department of Classics, Modern Languages & Linguistics), the Department Chair and the Graduate Program Director in order for the student to be registered.

**STUDENT INFORMATION:**

Name:	ID:
Tel.:	Email:
Program :	Semester (e.g. Fall 2011):

**Course INFORMATION:**

Number of Credits:	Title:
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Description:

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Does your research involve human subjects? No  Yes   
 If the answer is yes, you need to submit approval from the University Human Research Ethics Committee.

Student's Signature _____	Date Submitted _____
Supervisor's Signature _____	Supervisor's Name _____
Co-Supervisor's Signature _____	Co-Supervisor's Name _____
Chair's Signature _____	Chair's Name _____
Grad. Director's Signature _____	Grad. Director's Name _____

FOR DEPARTMENT USE ONLY					
Assign course # _____	Contact Scheduling _____	Add override _____	Contact Student _____	Registered _____	Assign on FCMS _____