Judaic Studies Senior Thesis Proposal / Approval Form

Student Information
Name:
Banner ID:
Email:
Expected Graduation Term:

Thesis Details
Thesis Course(s):
Thesis Director:
Second Reader:
Semester and Year Thesis Begins:

Thesis Project
Working Title:
Topic Description:

Research Aims and Contribution

Methodology and Disciplinary Approaches

Preliminary Plan

Relation to Concentration Requirements and Learning Goals

Approvals
Thesis Director Signature: _____ Date: _____
Second Reader Signature: _____ Date: _____
Concentration Adviser Signature: _____ Date: _____
Student Signature: _____ Date: _____