**MA Essay/Project Proposal Form**

**No later than April 30** of their first year, MA students must complete the form below and attach a brief abstract of their planned MA Essay or Project (ENGL 598), including a Works Cited and/or list of key texts. The abstract and list should normally amount to no more than one single-spaced page and be drafted with the support of a Supervisor.

Students intending to pursue an MA Essay or Project different from those outlined in the Department of English *Graduate Handbook* (sec. 4.3.1) must include, in addition, details about and a rationale for the alternative format. Students who have submitted a SSHRC application in the current academic year may, with the Supervisor’s approval, simply attach their SSHRC research proposal and reference list to this form.

Students must consult with their intended Supervisor in advance of writing their abstract and should begin to establish their Supervisory Committee at this time. An MA Supervisory Committee includes a Supervisor and a Department Member (see *Handbook* 4.3.2). **The Supervisor must sign this form**. If a Department Member is confirmed, the Department Member should also review the abstract and sign this form.

Please return the completed form and attachments to the Graduate Secretary (via email), who will confirm the Graduate Advisor’s approval within two weeks.

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ V00:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature: Date:

**Essay/Project Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Anticipated completion date/term:­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*By signing this form, Supervisory Committee members indicate that they have read and approved the Essay or Project abstract and (if applicable) have approved the proposed alternative Project format.*

Supervisor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature:

(signature required)

Co-Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature:

(if co-supervision is planned, signature required)

Department Member:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature:

(signature only if confirmed — otherwise provide the name of a possible/intended member)

**Approved by:**

Graduate Advisor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature :

 Date: