## NON-THESIS PROPOSAL

NAME:	STUDENT	TD #:		
DATE:	E-Mail Address:			
RATIONALE STATEMENT AND EX	KPLANATION OF HOW THIS OPTI	ON WILL CONTRIBUTE TO YOUR		
PROGRAM GOALS:				
COURSES TO BE TAKEN IN LIEU C	OF THESIS:			
On the reverse side of this form,	please list the courses you plan	to take for the non-thesis option.		
In addition, please complete you	the reverse side of this form, please list the courses you plan to take for the non-thesis option.  addition, please complete your Plan of Study, also on the reverse side of this form.			
STUDENT:				
Name	Signature	Date		
APPROVAL OF PROPOSAL:				
Robert Rebein, Director of	Signature	Date		
Graduate Studies in English				

## **COURSES TO BE TAKEN IN LIEU OF THESIS:**

Course Number	Course Title	<u>Credit Hou</u>
OF STUDY:		