

**FRANCISCAN SCHOOL OF THEOLOGY**  
**Request for Approval of MTS Thesis Committee**

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**Fall Semester Start:** Submit to Academic Dean by May 15.

**Spring Semester Start:** Submit to Academic Dean by December 15.

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

The proposed topic of my thesis is:

I request that the following faculty members be approved as the thesis director and second faculty reader for my MTS thesis.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Thesis Director: \_\_\_\_\_

Thesis Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Second Faculty Reader: \_\_\_\_\_

Second Faculty Reader's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Academic Dean's Approval: \_\_\_\_\_ Date: \_\_\_\_\_