



APPLIED LINGUISTICS PROGRAM
Qualifying Paper Proposal Form

Name: _____ **Date:** _____

Adviser: _____ **Project (1 or 2)** _____

Tentative Title of Project: _____

Date of expected completion: _____

Brief Summary of Project:

(Please attach a copy of the 2-3 page proposal for the project)

Signatures of readers:

First Reader: _____
(print name here) *(sign name here)*

Second Reader: _____
(print name here) *(sign name here)*

Third Reader: _____
(optional) *(print name here)* *(sign name here)*

Program Director: _____ **date** _____
(required for second project only)

Please return this form to the Applied Linguistics Office with a copy of the approved proposal.
