

MASTER'S PROJECT PROPOSAL FORM*

BU MA in Applied Linguistics

Name: _____ Expected graduation date: _____

Project Advisor: _____

Academic Advisor (if different) : _____

Title of Project: _____

Project Abstract:

Readers' signatures, indicating approval of the attached project proposal

Project supervisor / first reader:

[printed name] [signature] [date]

Second reader:

[printed name] [signature] [date]

Third reader (optional):

[printed name] [signature] [date]

* Please attach 2-4 page project proposal to this form, and submit to the Linguistics Program Office by the deadline listed in [Section 3.8.1](#) of the MA Handbook.