

MASTER'S PROJECT APPROVAL 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.

Project supervisor / first reader:

[printed name] [signature] [date]

Second reader:

[printed name] [signature] [date]

Third reader (optional):

[printed name] [signature] [date]

*** Please attach a hard copy of the approved MA Project to this form, and submit to the Linguistics Program Office by the deadline listed in Section 3.8.1 of the MA Handbook. In addition, a pdf version of the final project should be sent via email to the DGS.**