

University of Winnipeg, Faculty of Theology

THESIS APPLICATION FORM

MEMORANDUM OF UNDERSTANDING BETWEEN THE FACULTY OF THEOLOGY AND SUPERVISOR

NOTE: This form must be filled out *in its entirety* before submission to The Faculty of Theology Registrar for final approval.

A COMPLETED REGISTRATION FORM (AVAILABLE FROM THE THEOLOGY OFFICE) WITH APPLICABLE FEES MUST ALSO ACCOMPANY THIS FORM.

NOTE: A copy of the Thesis Proposal and a tentative schedule for meetings with the Supervisor and submission of chapters to the Supervisor should be attached.

NOTE: EFFECTIVE APRIL 1, 2005, THESIS REGISTRATIONS NOT SUBMITTED BY THE INDICATED START DATE ARE SUBJECT TO A \$25.00 LATE REGISTRATION FEE PER COURSE – contact the Theology Office directly for more information.

TO BE FILLED OUT BY STUDENT:

Full Name & Address of Student: _____

Home Phone: _____ Work Phone: _____

TO BE FILLED OUT BY SUPERVISOR:

Full Name of Supervisor: _____

Complete Home Address: _____

Home Phone: _____ Social Insurance Number: _____

As per new Government requirements, photocopy the front of your SIN card and submit (please ensure the name on the card matches your name). If you do not wish to return this document through the mail, please contact Sandy Peterson at (204) 786 – 9320 or s.peterson@uwinnipeg.ca to discuss alternate arrangements. Please be advised payment cannot be processed unless this is submitted.

***NOTE:** Above not required if you've already submitted a copy. Please contact Sandy Peterson to verify whether it's been received in the past.*

Full Name & Address of Affiliated Institution/Organization - ie College, Church, etc:

_____ Phone Number: _____

PAYMENT FOR THIS COURSE IS TO BE PAID TO: Supervisor
 Institute/Organization Listed Above

I AGREE TO BE A SUPERVISOR FOR:

Name of Student: _____

Course Number: 7691/9 Full Name of Course: Thesis

The Supervisor will follow The Faculty of Theology guidelines for Thesis Study and will submit a grade to The Faculty of Theology within one week of the ending date. **SEE OVER FOR THESIS COMPLETION DATES.** Upon receipt of the grade, The Faculty of Theology will remit to the Supervisor or Institute/Organization, 85% of the tuition fee.

Thesis Title: _____

Signature of Supervisor: _____

Date: _____

Signature of Director of Studies (or designate),

The Faculty of Theology: _____ **Date:** _____

Faculty of Theology

Guidelines for Thesis Study

Thesis credit includes:

3 credit hours Thesis Seminar 7690 (previously completed)

9 credit hours Thesis Writing (registered for in three terms) 7691/9

I understand that I have ONE YEAR (above dates) to complete this project.

I understand that if this thesis project is not complete by _____, it is my responsibility to ask for a Thesis extension, which has an attached fee of \$288.75 per year. Final grades will not be assigned nor appear on your transcript until the entire thesis is approved.

Signature of Student: _____

Date: _____

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