



SCHOOL OF LETTERS THESIS REGISTRATION FORM
DUE SEPTEMBER 1
GRADUATE PROGRAM IN ENGLISH OR CREATIVE WRITING

Date _____ Effective Terms: Fall Spring _____
 Summer 201 _____

Student Name _____

Sewanee Student ID _____

Thesis Director _____

Suggested Second Reader _____

Tentative Thesis Title _____

Anticipated Completion Date _____

Description (please attach additional pages if necessary):

Student's Signature

Date

Signature of Thesis Director

Date

Signature of Director of School of Letters

Date