

DEPARTMENT OF THEOLOGY & RELIGIOUS STUDIES MASTER OF ARTS PROGRAM MA THESIS CONTRACT

To be completed by the student in consultation with the thesis advisor.

Student Information Name:	Registration Information Semester/Year:
Banner ID:	□TRS 599A (3 credits) □TRS 599B (0 credits) □TRS 599C (3 credits)
E-mail Address:	
Home Phone:	Thesis Advisor: Second Reader:
Cell Phone:	Instructor of Record:

Title of Thesis

Give the full title of your thesis, which ideally will include all the key words that will appear in your study.

Abstract

In about 150 words, outline the purpose(s) of the study and provide a description of the problem under investigation, intended methods and approaches to the study, anticipated results of the investigation, and other pertinent details.

Plan of Investigation

Identify the strategies you will use in approaching this topic and what resources you anticipate using, including interviews, surveys, or other forms of research as appropriate. A preliminary bibliography should be appended to this form. If interviews will be used, a list of interviewees and preliminary set of interview questions also should be appended.

Timetable

Include advisor meeting dates, due dates for drafts and feedback on them, the intended final completion date, and other important milestones.

Outcomes Assessment

List and briefly describe the pieces of evidence that will be used in determining the final course grade, and their relative proportion. What criteria will be used to determine whether this thesis is acceptable in fulfillment of that requirement of the Master of Arts program?

IRB Compliance

Does this project require IRB approval for research on/with human subjects?¹ \Box Yes \Box No If so, attach the complete IRB application and the letter from the IRB indicating that this study has been approved.

Student Signature	<u>19 November 2013</u> Date
Thesis Advisor Signature	Date
Second Reader Signature	Date
TRS Chair Signature	Date

DEADLINES FOR FORM SUBMISSION AND THESIS REGISTRATION:

- August 15 for a Fall semester registration
- December 15 for a Spring semester registration
- May 15 for a Summer registration

RETURN THIS FORM TO THE TRS OFFICE

Department of Theology & Religious Studies Suite B250 John Carroll University 1 John Carroll Blvd University Heights, OH 44118 (216) 397-4700 trs@jcu.edu go.jcu.edu/trs

¹ Consult the IRB Administrator at 216-397-1527 for more information.