

PLAN OF STUDY

STUDENT IDENTIFICATION		
SURNAME	GIVEN NAME	STUDENT NUMBER
PROGRAM OF STUDY		NAME OF THE THESIS SUPERVISOR
THESIS TITLE 		

The plan that you submit below must describe the current state of your thesis (number of chapters completed and approved by supervisor, number of chapters remaining and stage they are at, etc.), outline the proposed action plan and dates for completion of remaining work. Please provide as much detail as possible. If you need more space, attach a separate sheet of paper.

ACTION PLAN		PLANNED COMPLETION DATE
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

