



UNIVERSITY *of* ST. THOMAS

Graduate Programs in Music Education

PRELIMINARY THESIS ADVISING FORM

Date _____

Name _____

Semester and Year of Matriculation into MAME _____

_____ I intend to work on the thesis only during summers.

_____ I intend to work on the thesis year-round.

Expected Semester and Year of Graduation _____

Thesis Supervisor _____

Thesis Supervisor Signature _____ Date _____

Program Director Signature _____ Date _____