

PS499 Thesis Application
Department of Psychology
Wilfrid Laurier University

Name: _____

ID#: _____

WLU email address: _____

1. Name of proposed thesis supervisor: _____

2. The proposed topic area of thesis: _____

3. I, _____, am willing to supervise the thesis of
(printed name of supervisor)

_____, if his/her application to the PS499 course is approved.
(printed name of student)

Signature of Supervisor

Date

Signature of Student

Date

Signature of Chair

Date