rea for Secretarial Use Only: Co	ourse CRN:		Course Nu	ımber: EH 599 /	Course Term:
		•	ment of Ei to Take E	nglish :H 599 Thesis	
udent Name:			Stı	udent J Number:	
nesis Course Credit Hours (1-3):	Term: _	Fall	_ Spring _	Summer	
equest permission to take Thesis (EH equently with my faculty director and					sibility to consult promptly and
Type here or attach a sheet with a 1	50-word descr	iption of	subject ma	tter to be covered:	
First Semester of Thesis HoursI have completed my Graduat				-	
completed in order for any M https://www.southalabama.e Second Semester of Thesis Hour	du/departmer				
I have had my Thesis Prospect	us approved b artment requi d semester of	ires that t thesis ho	he Prospec ours.	tus Approval Form be o	completed in order for any MA
Student Signature				Date	
I agree to direct this student's wo	rk in the specif	fied area a	and to assig	n an appropriate grade	at its conclusion.
Faculty Thesis Director Signature				Date	
Graduate Coordinator Signature					
Denartment Chair Signature					

Note: After this form has been properly signed by the student and Faculty Thesis Director, the original copy should be delivered to Kim Graves < kagraves@southalabama.edu in the English Department, HUMB 240.