

**PS499 Thesis Application
Department of Psychology
Wilfrid Laurier University
2016 - 2017**

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
(printed name of student)
is approved.

Signature of Supervisor

Date

Signature of Student

Date