

Department of Middle East, South Asian, and African Studies  
**Application for the M.A. Thesis Defense**

This form must be submitted three weeks before the defense

NAME: \_\_\_\_\_ SIGNATURE \_\_\_\_\_

DATE OF EXAM: \_\_\_\_\_ TIME OF EXAM: \_\_\_\_\_

NAME OF ADVISOR: \_\_\_\_\_

FIELD OF STUDY: \_\_\_\_\_

LANGUAGE REQUIREMENT:

Primary Language \_\_\_\_\_ Date completed \_\_\_\_\_

(Optional) Secondary Language \_\_\_\_\_ Date completed \_\_\_\_\_

TITLE OF M.A. THESIS: \_\_\_\_\_

DISTRIBUTION DATE: \_\_\_\_\_

COMMITTEE MEMBERS: Advisor \_\_\_\_\_

Second Reader \_\_\_\_\_

Application approved by Advisor \_\_\_\_\_  
Signature date

Approved by DIRECTOR OF GRADUATE STUDIES \_\_\_\_\_  
Signature date

I hereby permit my MA thesis to be shared on the MESAAS Courseworks page for viewing purposes only.

Please tell us about your future plans and include a personal email address so the department can contact you post-M.A.:

Email: \_\_\_\_\_

---

---

---