

ST. STEPHEN'S COLLEGE
Master of Theological Studies
 APPROVAL OF COMPLETED THESIS
 [Ready for Examination]:
 THESIS SUPERVISOR

Student Name	
Thesis Title	
Student Program	<input type="checkbox"/> MTS <input type="checkbox"/> MTS (Diaconal)
Thesis Supervisor Name	

How well does the candidate . . . **Low (1)** **High (5)**

1. Describe the area to be studied?
 - a) Provide a general statement of topic area
 - b) Describe theological themes
 - c) Describe personal interest in subject
 - d) State research question
 - e) Identify methodology to be used
 - f) Identify relevance of topic

2. Review the literature: demonstrate a working knowledge of relevant resources?
 - a) Discuss key literature relating to the topic area
 - b) Discuss key literature relating to theological themes
 - c) Discuss key literature relating to the chosen Methodology (ies)

3. Develop the chosen methodology?
 - a) Outline steps in researching the question
 - b) Discuss ethical issues involved and how these issues are managed (ethics review guidelines in Degree Manual)

4. Carry out validation process (if applicable)?
 - a) Describe how trustworthiness is built into the Study throughout its development

5. Craft the thesis document?
 - a) Write smoothly and clearly
 - b) Present material in a logical and orderly manner
 - c) write in an inclusive style
 - d) Suitable chapter outline
 - e) Quality of bibliography/reference list and other resources
 - f) According to Turabian

How well does the candidate . . .

Low (1)

High (5)

6. Bibliography/Reference List

- a) Comprehensive
- b) Evidences familiarity with available resources
- c) Demonstrates proper bibliographical form

7. Thesis Proposal: Time Lines

- a) Practical and achievable
- b) Pacing in keeping with personal factors, logistics, and College deadlines

The student has completed their Thesis to my satisfaction and it is ready for examination. Suggestions for possible examiners may be submitted to the Department Chair.

SIGNATURE	
Signature, Thesis Supervisor	Date

SUBMIT TO DEPARTMENT CHAIR

ACADEMIC OFFICE:
Dept Chair initial _____
Date received _____