

M.A. in Religion
Thesis Evaluation Form

To be submitted by the (primary) supervisor to the MA Program Director

Student's Name: _____ UNI: _____

Title of Thesis:

(Primary) Supervisor:

Name: _____

Department or Program: _____

Suggested Grade: _____

Signature _____ Date: _____

Second Reader :

Name: _____

Department or Program: _____

Suggested Grade: _____

Signature _____ Date: _____

Both the (primary) supervisor and the second reader should attach a brief written evaluation of the thesis, addressing the strengths and weaknesses of the thesis; these will be provided to the student and to the Director of the MA Program.

Final Agreed Grade: _____ **Date:** _____

Confirmation of Receipt:

Signature of Director of the MA Program _____ Date _____