XE: Experimental Humanities & Social Engagement

MASTER’S PROJECT PROPOSAL FORM

XE Student’s Name: _______________________
ID#: N _______________________
Email: _______________________
Your XE Faculty Advisor: _______________________

Master’s Project Advisor’s Name: _______________________
Department and School: _______________________
Campus Address: _______________________
Email: _______________________
Phone: _______________________

Title of proposed Master’s Project: _______________________

Description or abstract of proposed Master’s Project:
Please attach a 300-500 word overview of your project, detailing its design and structure, its goals, and the methods you will use in realizing it.

Proposal approvals:
1. Master’s Project Advisor’s Signature: _______________________
   Date: _________

2. XE Director or Associate Director’s Signature: _______________________
   Date: _________

DEADLINES

<table>
<thead>
<tr>
<th>Intended Graduation Month</th>
<th>Proposal Form due</th>
<th>Master’s Project due</th>
</tr>
</thead>
<tbody>
<tr>
<td>January</td>
<td>August 16*</td>
<td>December 16*</td>
</tr>
<tr>
<td>May</td>
<td>December 16*</td>
<td>May 1*</td>
</tr>
<tr>
<td>September</td>
<td>May 1*</td>
<td>August 16*</td>
</tr>
</tbody>
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*Or the next day on which the XE office is open, should these dates fall on a weekend or holiday.