

DOCTORAL STATEMENT SUBMISSION
DEPARTMENT OF RELIGIOUS STUDIES

Please submit this form with a copy of your statement. Your supervisor must indicate approval of your statement by initialing below, beside their printed name.

NAME: _____

STUDENT #: _____

STATEMENT TITLE: _____

**IT IS THE RESPONSIBILITY OF THE STUDENT
TO OBTAIN THE SIGNATURE OF YOUR SUPERVISOR**

SUPERVISOR: _____
Printed Name Initials

PLEASE NOTE: A "NOMINATION OF SUPERVISORY COMMITTEE" FORM MUST BE SUBMITTED ALONG WITH YOUR STATEMENT AND THIS FORM.

Date of Approval: _____

