

**St. Mary's University**  
**School of Graduate Studies**  
**Research Title Submission Form**

Name: \_\_\_\_\_

Department: \_\_\_\_\_

Year of Entry: \_\_\_\_\_

Telephone: \_\_\_\_\_

e-mail: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Major Thematic Area: \_\_\_\_\_

Sub-thematic: \_\_\_\_\_

Concept Note: