

THESIS/DISSERTATION/SCHOLARLY PROJECT REQUEST FORM

STUDENT: Fill out the following fields and submit to Advisor.

Student Name: _____	Student ID#: _____
Email: _____	Phone: _____
Graduate Program: _____	Expected graduation term: _____ <i>(example: Fall 2026)</i>
Thesis/Dissertation/Project Advisor name: _____	
_____	_____
Student Signature	Date

ADVISOR: Please select one option and complete course information.

Course Information Fall: _____ Winter: _____ Spring: _____ Summer: _____

Thesis

Subject: _____ Course #: _____ Credits: _____

Topic Title: _____

Abbreviated Title for Transcript (*max 22 spaces*): _____

Dissertation / **Scholarly Project**

Subject: _____ Course #: _____ Credits: _____

Topic Title: _____

Abbreviated Title for Transcript (*max 22 spaces*): _____

Thesis/Dissertation/Project Advisor Signature

Date

APPROVAL: Signatures required for approval and payment authorization. Please submit to the Registrar's Office.

Department Chair

Date

Graduate Coordinator

Date

Dean of College

Date

For Registrar's Office Use Only: CRN _____

c: Office of Graduate Studies & Adult Learning