



Office of the Dean of Graduate Studies and Research

APPLICATION FOR FILING THESIS TITLE

This form is to be submitted to the Office of the Dean of Graduate Studies and Research, Room 3238 Boylan Hall. *Please check the Schedule of Classes for deadline.*

Please Print or Type

DATE _____ SOC. SEC. # _____

NAME _____
(LAST) (FIRST) (MIDDLE)

ADDRESS _____
STREET CITY STATE ZIP CODE

_____ E-MAIL TELEPHONE # _____

DEPARTMENT _____ DEGREE (MA, MFA, MS, MM) _____

Expected Date for Completion of Thesis _____

Expected Date of Graduation _____

I present the following title for a thesis to be submitted in partial fulfillment of the requirements of Master's Degree.

Thesis Title (Please Print or Type)

Approved by:

Signature of Thesis Advisor

Signature of Graduate Deputy

Print Name of Thesis Advisor

Date

Date

Office of the Dean of Graduate Studies