

Millersville University
College of Graduate Studies and Adult Learning
Thesis / Dissertation Request Form

PART 1: TO BE COMPLETED BY STUDENT *(Submit completed form to Registrar's Office - Lyle Hall)*

Student's Last Name	First Name	MI
<hr/>		
MU ID Number	Graduate Program	Expected Graduation Date
<hr/>		
Local Address	Local Phone	
<hr/>		
Student Signature	Date	Email Address
<hr/>		
Thesis Advisor Signature	Date	
<hr/>		
Thesis Advisor - Printed Name		
<hr/>		

PART 2: TO BE COMPLETED BY THESIS ADVISOR

CHECK ONE:	
<input type="checkbox"/> THESIS:	SUBJECT/COURSE# _____ CREDITS _____
TOPIC TITLE _____	
ABBREVIATED TITLE FOR TRANSCRIPT (Max. 22 spaces)	

<input type="checkbox"/> DISSERTATION:	SUBJECT /COURSE# _____ CREDITS _____
TOPIC TITLE	

ABBREVIATED TITLE FOR TRANSCRIPT (Max. 22 spaces)	

COURSE INFORMATION	
Fall _____	Summer 1 _____
Spring _____	Summer 2 _____
Winter _____	Summer 3 _____

PART 3: SIGNATURES REQUIRED FOR APPROVAL AND PAYMENT AUTHORIZATION

Department Chair	Date
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Dean of College	Date
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For Registrar's Office use only: CRN _____

c: Graduate Studies Office