

Millersville University  
College of Graduate Studies and Adult Learning

**THESIS/DISSERTATION/SCHOLARLY PROJECT 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
MU ID Number	Graduate Program	Expected Graduation Date
Local Address		Local Phone Number
Student Signature	Date	Email Address
Thesis/Dissertation/Project Advisor Signature		Date
Thesis/Dissertation/Project Advisor Printed Name		

**PART 2: TO BE COMPLETED BY ADVISOR**

<p>CHECK ONE:</p> <p><input type="checkbox"/> <b>THESIS</b> SUBJECT/COURSE # _____ CREDITS _____</p> <p>TOPIC TITLE: _____</p> <p>ABBREVIATED TITLE FOR TRANSCRIPT: (max 22 spaces) _____</p> <p><input type="checkbox"/> <b>DISSERTATION</b> / <input type="checkbox"/> <b>SCHOLARLY PROJECT</b> SUBJECT/COURSE # _____ CREDITS _____</p> <p>TOPIC TITLE: _____</p> <p>ABBREVIATED TITLE FOR TRANSCRIPT: (max 22 spaces) _____</p>	<p style="text-align: center;">COURSE INFORMATION:</p> <p>Fall _____ Summer 1 _____</p> <p>Spring _____ Summer 2 _____</p> <p>Winter _____ Summer 3 _____</p>
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**PART 3: SIGNATURES REQUIRED FOR APPROVAL AND PAYMENT AUTHORIZATION**

Department Chair	Date
Dean of College	Date

For Registrar's Office use only: CRN \_\_\_\_\_

c: Graduate Studies Office