Millersville University

Office of Graduate Studies & Adult Learning
717-871-7171
https://www.millersville.edu/gsal

# 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: _____
*(example: Fall 2026)*

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