

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**

CHECK ONE:
<input type="checkbox"/> <b>THESIS</b>
SUBJECT _____ COURSE # _____ CREDITS _____
TOPIC TITLE: _____
ABBREVIATED TITLE FOR TRANSCRIPT: (max 22 spaces) _____
<input type="checkbox"/> <b>DISSERTATION</b> / <input type="checkbox"/> <b>SCHOLARLY PROJECT</b>
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
Dean of College	Date
Graduate Coordinator	Date

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

c: Graduate Studies Office