

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		Advisor MU ID

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

CHECK ONE:

**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)  
\_\_\_\_\_

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