

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	

P/4DT3(____)27BDC QJ0 4ref239EMC 1Sr26DC QJ0 17CC QJ0M)QJ0 L0DE0DT0DE0DD 0C T

Department Chair	Date
Dean of College	Date
Graduate Coordinator	Date

For Registrar's Office use only: CRN _____

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