

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)

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:

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