Edinboro University of Pennsylvania

APPLICATION FOR AUTHORIZATION TO ENROLL FOR THREE OR SIX SEMESTER HOURS OF THESIS CREDIT

Name: _____
First Middle Last

Address: _____

_____

Telephone Number: (_____) _____

Banner ID: _____

Date of Application: _____

Date you wish to enroll for Thesis credit:
( ) First Semester _____
( ) Second Semester _____
( ) Summer Session _____

Number of semester hours of Thesis credit for which you wish to register:
( ) 3 semester hours
( ) 6 semester hours

Course Number of Thesis: _____

Title of Proposed Thesis *: _____

_____

***Please attach to this application a description of the proposed thesis.**

PLEASE NOTE: A thesis prospectus should be completed and submitted to your adviser as soon as possible.

I agree to supervise the proposed thesis listed on this application.

_____ _____
Signature of Chairperson of the Thesis Committee Date of Application

I approve this application for thesis credit.

_____ _____
Signature of Program Head Date of Application

_____ _____
Signature of Department Chairperson Date of Application

*THE **APPROVED** APPLICATION NEEDS TO BE SUBMITTED AT LEAST ONE WEEK PRIOR TO THE BEGINNING OF THE SEMESTER OR SESSION.

_____ _____
Approved Denied

_____
Signature of Academic Dean

_____ _____
Approved Denied

_____
Signature of Graduate Dean

Copy 1: Scheduling Office - original copy wo/attachments
Copy 2: Committee Chair - w/attachments
Copy 3: Program Head - w/attachments
Copy 4: Department Chair - wo/attachments
Copy 5: Student - wo/attachments
Copy 6: Graduate Office