



Graduate Studies, Stratton Administration Center
P.O. Box 730 • Kutztown, PA 19530 • (610) 683-4220

Thesis Course Registration Form

I am officially requesting permission to register for a thesis.

Student's Name _____

(Please Print)

Student ID Number _____

For (check one) _____ Fall _____ Spring _____ Summer I _____ Summer II

Year _____ Number of semester hours _____

Course (i.e. POL 503) _____

Prefix

Number

Student's Signature _____

Cell phone number _____ Date _____

Professor's Name and Department _____

(Please Print)

I agree to direct the thesis for the above named student.

Professor's Signature _____ Date _____

Chairperson's Name and Department _____

(Please Print)

I signify that the department approves and supports this arrangement.

Chairperson's Signature _____ Date _____

College Dean's Signature _____ Date _____

Graduate Dean's Signature _____ Date _____

Return completed form to the Registrar's Office, 115 Stratton Administration Building

For Registrar's Office use _____

Prefix

Number

Section

Initials

Date