



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

Thesis Submission Form

Instructions: Fill out the information on this form, obtain the required signatures once the final thesis has been **reviewed** and **approved** by your Thesis Advisor and Department Chairperson, and submit this form to Graduate Studies by the deadline for the term you intend to graduate.

I. STUDENT INFORMATION

Name: _____
Last First Middle University ID Number

Department(s): _____

Major(s): _____

Area(s) of Specialization: _____

Degree: Master of _____
Please specify)

Current Phone No.: () _____ Email: _____

Current Mailing Address: _____
Street/PO Box

City State Zip Country

II. THESIS TITLE

Exact Title of Thesis: _____

III. REQUIRED THESIS APPROVALS

These signatures certify that the above student has met the requirements for a master's thesis at Kutztown University:

Thesis Advisor: _____
Print Name Signature Date

Thesis Reader: _____
Print Name Signature Date

Thesis Reader: _____
Print Name Signature Date

Chairperson: _____
Print Name Signature Date

College Dean: _____
Print Name Signature Date

Graduate Dean: _____
Print Name Signature Date

Print Name Signature Date

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