



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