KUTZTOWN UNIVERSITY
Graduate Studies

Thesis Course Registration

Name: _____ Student ID: _____

Address: _____
Street   City   State   Zip Code

Phone: _____

Term: ☐ Fall   ☐ Spring   ☐ Summer I   ☐ Summer II   Year: _____

Course (i.e. POL 503): _____ Number of semester hours/ credits: _____

For **Verification of Attendance purposes**, please enter the course start, midterm and end date if different from those of the semester or session in which it is being taught. Form will be returned if dates are not included.

Start Date _____   Midterm _____   End Date _____

Signature: _____   Date: _____

My signature confirms that I am requesting permission to register for a thesis.

Professor: _____
(Please Print)

Professor's Signature: _____ Date: _____

My signature confirms that I agree to direct the thesis for the above named student.

Department Chairperson: _____
(Please Print)

Chairperson's Signature: _____ Date: _____

I signify that the department approves and supports this arrangement.

College Dean's Signature: _____ Date: _____

Graduate Dean's Signature: _____ Date: _____

Rev. 07/16