GRADUATE THESIS REQUEST

Records and Registration Office / State University of New York at New Paltz

☐ Fall ☐ Spring 20_____

☐ Summer I ☐ Summer II

Please type or print:

_____			
Last Name	First	MI	Student ID Number
_____			(_____)_____
Local Address: Street	City	Zip Code	Telephone Number

Course Number _____ Abbreviated title of study _____ Credits* _____

**Credits vary from one program to another and students should check the College catalog for credit permitted.*

Describe briefly your prospectus for the thesis:

_____

_____

_____

_____

_____

_____

_____

List the courses in this field which you have completed:

Course Number	Title	Credits	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
	Total graduate credits earned to date	_____	_____
	Cumulative average	_____	_____

Recommended by:

Please PRINT Instructor's name_____ Instructor ID# | | | | | | | | |

_____ _____

Signature of Student Date Signature of Instructor Date

_____

Signature of Department Chair Date

Submit completely signed form to Records and Registration Office, HAB 19, with registration or course change form.

White/Records Yellow/Student *38-007 2/02*