

GRADUATE THESIS REQUEST

Office of Records & Registration, SUNY New Paltz, 500 Hawk Drive, New Paltz, NY 12561-2439

☐ Fall ☐ Winter ☐	Spring Summer 2	20											
Please type or print:													
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Last Name	First		MI			Student	ID Num	nber					
Local Address: Street			Apt. No).		E-mail							
City	State		Zip Cod	de		(Telepho) one Nu	mber					
Course Number	Abbreviated	d title of s	tudy						C	Credits	S*		
* Credits vary from one program	to another and students should of	check the	College	catal	og fo	r credit per	mitted.						
AFFIRMATION OF CHA	ADCES:												
AFFIRMATION OF CHA	IRGES:												
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Continued Registration po	licy (http://www.newpaltz.edu	ı/graduat	e/cont_	_reg_	affir	mation_of	_charge	es_forr	n_fin	al_11	.9.10	pdf).	
I understand that:													
	ensive Exam Preparation (XX)	X599) and	d fail to	com	plete	e the exam	at the	end of	the	seme	ster,		
or	·												
 if I receive an H grade in cally registered for one of 	a Thesis course, but I've comporedit of Continued Registration	pleted my	other o	cours	e wo	ork require Dester unti	d for m LLeithe	y degr	ee, I v nit mv	vill be	auto is for	mati- a ora	- ade
or pass the comprehens	ive exam for my graduate prog	gram. Furt	hermor	e, I u	nder	stand that	I am re	espons	ible f	or pay	/ment	of	auc
Continued Registration t	uition and fees.												
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Student Signature	Date	Stude	ent ID N	umbe	r			Maj	or				
Please note: All graduate ma	giors except Master of Fine Δr	t Studio A	rt are r	eariir	ed to	n suhmit a	nroene	actus w	/hen	enroll	ina in	The	eie
Master of Fine Art students m	•								TICITY	5111 0111	ing in	11100	313.
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RECOMMENDED BY:													
						N. I							
Please PRINT Instructor's r	name					N							
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Signature of Student	Dat	te	S	Signat	ure o	of Instructor						ate	
				-									
Signature of Department Chair	Da	ite											