

Application for Thesis Registration

This form must be completed by the student, approved by the thesis director, the program coordinator and the dean of the Graduate School no later than the end of the second week of classes and prior to the beginning of the study. The student must register for the approved study following the procedures of the Graduate School. Participating students must be matriculated in a Salem State College graduate degree program

Student's Name _____

Student ID Number _____

Degree Program and Concentration _____

Phone Number _____

Email Address _____

Mailing Address _____

Title and catalog number of proposed thesis: _____

Title and description of proposed thesis: _____

Thesis Director: _____

Second Reader: _____

Semester and Academic Year: _____

Please note that the tuition and fees for a thesis course cannot be waived and must be paid in full by all students at the time of registration.

Student's Signature: _____ Date _____

Thesis Director's Signature: _____ Date _____

Program Coordinator's Signature: _____ Date _____

Dean of Graduate School's Signature: _____ Date _____