

MONMOUTH UNIVERSITY
Graduate School
West Long Branch, NJ 07764
732-571-3477

MA / MS THESIS / PROJECT APPLICATION / REGISTRATION

This form must be submitted along with a project proposal for approval by your thesis / project advisor, second reader (as appropriate) and the department before you can register for Thesis / Project. It will not be approved if it is submitted more than two weeks after the beginning of the term for which registration is effective.

Complete information in black ink only

COURSE INFORMATION

Fall Spring Summer: A B C D E Year _____
Department _____ Course Code _____ Section # _____ Supervising Professor _____ Credits 3 6
(ORR use only) (Please Print)

STUDENT INFORMATION

Name: _____ ID# _____
Address: _____
City: _____ State: _____ ZIP: _____
Telephone number: (home) _____ (work) _____
Email: _____

THESIS / PROJECT INFORMATION

Title: _____
Brief Description: _____

 Check here to indicate that thesis / project proposal as required by the department is attached.
Resources _____

Supervising Professor's Remarks _____

Anticipated Defense / Oral Review Date: _____

APPROVALS (Granted only after formal thesis / project proposal has been submitted)

Supervising Professor: _____ Date: _____
Second Reader (if applicable) _____ Date: _____
Program Director: _____ Date: _____
Department Chair: _____ Date: _____
School Dean: _____ Date: _____

OR&R USE ONLY: By: _____ Date: _____ Faculty ID# _____

Distribution: Original—Registrar; Student, Examination Advisor, Department