

SCHOOL OF GRADUATE STUDIES

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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 School of Graduate Studies 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 School of Graduate Studies. Participating students must be matriculated in a Salem State University graduate degree program.

Full Name: _____
Last Name First Name Middle Initial ID Number

Address: _____
No./Street City/Town State/Province Postal Code

Telephone: _____ Email: _____

Degree Program and Concentration: _____

Course Number (ex: HST 999): _____ Number of Credits: _____

Semester: _____ Year: _____

Title and description of proposed thesis: _____

Thesis Director: _____

Second Reader: _____

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 School of Graduate Studies Signature: _____ Date: _____