

**SCHOOL OF GRADUATE STUDIES
SHIPPENSBURG UNIVERSITY
Shippensburg, PA 17257-2299**

ARRANGEMENTS FOR COMPLETING THE THESIS REQUIREMENTS FOR THE MASTER'S DEGREE

To be completed by the student: (Each student must complete 6 thesis credits but may register for 3 credits at a time.)

NAME: _____ S.U. ID NUMBER: _____

DEGREE: _____ FIELD OF SPECIALIZATION: _____

NOTE: "Q" grades must be submitted for a Thesis when the work is not completed. Only when the Thesis is completed can a regular letter grade be recorded. Under no conditions can a regular letter grade be submitted unless the Thesis is completed and signed by all members of the Thesis committee. The student must submit the Thesis to the Graduate Office in final approved form within one calendar year from the date that he/she registers for Thesis II. Otherwise, he/she must complete registration again and pay the appropriate course fees.

Tentative date you expect to receive the Master's degree _____

Date of registration for the Thesis _____

Major faculty thesis adviser _____

Second faculty member of thesis committee _____

Third faculty member of thesis committee _____

Have faculty thesis advisers agreed to serve? _____

Have you made arrangements for an initial meeting with thesis advisers? _____

DATE: _____ SIGNATURE: _____

To be completed by Department Chairperson

I recommend the approval of the above Thesis Committee. All committee members have been contacted by me and have agreed to serve on the Committee.

DATE: _____ SIGNATURE: _____

Department Chairperson

Please schedule the student named above for the thesis credit indicated in the semester or term stated below:

Thesis I (Code #) _____ Year _____ Fall Spring Summer: Term III Term IV Term V

Thesis II (Code #) _____ Year _____ Fall Spring Summer: Term III Term IV Term V

To be completed by Graduate Office: (A copy of this form will be returned to the Department Chairperson and to the major faculty thesis adviser.)

The Thesis Committee is approved as recommended.

DATE: _____ SIGNATURE: _____

Dean of Graduate Studies

Date Scheduled: _____ Scheduling Officer: _____