Application to Enroll for a Thesis

Student’s Name: ___________________________________________ Student ID# __________

Degree Program ________________ Year ________________

Proposed Title (Maximum 30 characters, including spaces, do not go over 30 characters!)

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Thesis adviser ______________________________

ThM Thesis: [ ] 6 credits.

6 credit thesis will be for the following two terms: [ ] Fall Semester [ ] Spring Semester

M.Div. Thesis:

3 credits thesis (check one) [ ] Fall Semester [ ] Spring Semester

OR

6 credits thesis will be for the following two terms: [ ] Fall Semester [ ] Spring Semester

Student Signature __________________________ Date ______________________

Summary of Thesis Study:

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I agree to serve as the thesis adviser during the term(s) checked above, provided it is endorsed by the Registrar:

Faculty Signature: __________________________ Date: ______________________

Registrar’s Endorsement

By: __________________________ Date: ______________________

5/12