

VALPARAISO UNIVERSITY – THE GRADUATE SCHOOL
DROP/ADD CARD – CHANGE IN REGISTRATION

STUDENT ID: _____ **DATE:** _____

NAME: _____

COURSES DROPPED

COURSES ADDED

DEPT	CRSE NO	SEC	CR HRS.	DEPT	CRSE NO	SEC	CR HRS.
Total Credits Dropped				Total Credits Added			

Total Credits After Change _____

Dean's approval for overload _____ **Adviser's Signature** _____

After securing adviser's signature, **RETURN THIS CARD ALONG WITH YOUR PROJECT PAPERWORK TO THE GRADUATE SCHOOL.**



#699 MASTER'S THESIS
THE GRADUATE SCHOOL
 VALPARAISO UNIVERSITY
 Valparaiso, Indiana 46383-6493
 (219) 464-5313 or (800) 821-7685

This form **must** be completed, signed by both the instructor and the advisor of the program, and returned to the Graduate School Office. Upon approval of the Dean of the Graduate School, copies will be distributed. **Please note:** This completed form does **not** constitute registration for this course. *The student must turn in the registration form with this thesis form.*

Two bound copies of the project paper (one of which will be placed in the University Archives) must be filed in the Graduate School Office upon completion.

DEPARTMENT: _____

DATE SUBMITTED: _____

STUDENT ID NUMBER: _____

1. **NAME:** _____
 LAST FIRST MIDDLE FORMER NAME

2. **PRESENT ADDRESS:** _____
 NUMBER AND STREET CITY, STATE, ZIP

3. **HOME PHONE:** _____ **WORK PHONE NUMBER:** _____

EMAIL ADDRESS: _____

4. **PROJECT IS TO BE UNDERTAKEN IN THE** _____ **SEMESTER,** 20 ____ **NUMBER OF CREDITS** _____

I. Title of Project: _____	
Title for Transcript: _____	TH: _____ (limit 24 letters & spaces)
II. PROPOSED PROJECT	
<i>Please submit a typewritten/double-spaced description on subject area(s), thesis, scope, particular approach, etc.</i>	
III. READING LIST	
<i>On an attached sheet, in a typewritten format, list a least 5 major references (texts, monographs, articles) that will support the project. References may include both primary and secondary source materials.</i>	

Instructor's Name (Printed): _____ **Date:** _____

Instructor's Approval Signature: _____ **Date:** _____

Program Advisor's Approval Signature: _____ **Date:** _____

Graduate Dean's Approval Signature: _____ **Date:** _____

PLEASE NOTE: Incomplete forms will not be processed.

cc: Registrar's Office