GRADUATE THESIS PROSPECTUS FORM

IMPORTANT: ALL FIELDS BELOW ARE MANDATORY AND MUST BE FILLED IN BY THE PROFESSOR.
The signature of the student’s graduate program director must be obtained prior to submitting this form to the Office of the Registrar.

COURSE: __________________ ADVISOR: ____________________________
(Discipline) (Number) (PRINT)

STUDENT’S NAME: ___________________________ EMPLID#: _______________________
(Print)

I. __ Thesis Title: ____________________________

II. __ Texts, and Other Bibliographical Resources Utilized: _________________________

III. __ Human Subjects: _______________________
In the event that human subjects are considered for this research, approval must first be obtained from the College’s Institutional Review Board. You may contact the IRB at 212.237.8961 or jj-irb@jjay.cuny.edu

IV. __ Number of Hours* Required In: Advisory Meetings ________ Other ________
*A semester Hour of credit requires a combined 45 hours of instruction and supplementary assignments.

V. __ Method(s) of Evaluation: _________________________

VI. Required Signatures:

1) Student’s Signature ______________________

2) Professor/Advisor’s Signature ______________________

3) Program Director’s Name (PRINT) ______________________

Program Director’s Signature ______________________

4) Registrar’s Office Supervisor Signature ______________________

PLEASE RETAIN A COPY OF THIS FORM FOR YOUR RECORDS.

NOTE: Please check with your graduate program as to when theses are due to your graduate program director each fall, spring, and summer terms for final approval.

FOR OFFICE USE ONLY

CUM CREDITS: _______ GPA: _______ NUMBER OF PREVIOUS IND. STUDIES: _______
SIMS PROCESSED BY: ______________________ PROCESS DATE: ______________________

Revised 11/10/14