



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: _____