



### 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. Students have until the end of the 2<sup>nd</sup> week of class (1<sup>st</sup> week in summer session) to submit this application.

COURSE: \_\_\_\_\_ ADVISOR: \_\_\_\_\_  
(Discipline) (Number) (PRINT)

TERM:  Fall  Spring  Summer (specify session): \_\_\_\_\_ Year: \_\_\_\_\_

STUDENT'S NAME: \_\_\_\_\_ EMPLID#: \_\_\_\_\_

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*

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) \_\_\_\_\_ 2) \_\_\_\_\_  
Student's Signature Professor/Advisor's Signature

3) \_\_\_\_\_  
Program Director's Name (PRINT) Program Director's Signature

4) \_\_\_\_\_  
Registrar's Office Supervisor Signature

#### 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: \_\_\_\_\_

PROCESSED BY: \_\_\_\_\_ PROCESS DATE: \_\_\_\_\_