



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)

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 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) _____ **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: _____