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) __________________________________

4) Program Director’s Signature

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