



Application for Filing Thesis Title

Instructions: Submit completed form to your thesis advisor.

Graduate Student Information:

Last Name: _____ First Name: _____

CUNYfirst EMPLID: _____ Email: _____ Phone number: _____

Proposed Thesis Title:

Degree Information:

Please indicate which degree the student is pursuing:

M.A. M.S. M.S. in Ed. B.S.-M.P.S. M.F.A. M.Mus.

Anticipated date of completing graduate thesis: _____

Anticipated Semester of Graduation: _____

Departmental Approval:

Graduate Thesis Advisor [Print name]: _____ Signature: _____

Date: _____

Graduate Deputy [Print name]: _____ Signature: _____

Date: _____

Notes: