



## Division of Graduate Studies: Approval of Graduate Thesis/Recital/MFA Project

**Instructions:** Submit completed form to the Office of the Associate Provost for Academic Programs (3208 Boylan Hall).

Date: \_\_\_\_\_ Graduate Program: \_\_\_\_\_ Department: \_\_\_\_\_

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Graduate Student Information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

CUNYfirst EMPLID: \_\_\_\_\_ Email: \_\_\_\_\_ Phone number: \_\_\_\_\_

Thesis Title: \_\_\_\_\_

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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 Semester of Graduation: \_\_\_\_\_

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Departmental Approval:

Graduate Thesis Advisor [Print name]: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Graduate Deputy [Print name]: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

School Dean [Print name]: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Notes:

Received by the Office of the Associate Provost for Academic Programs on: \_\_\_\_\_

*To be completed by the Registrar's Office:*

Curriculum: \_\_\_\_\_ Degree: \_\_\_\_\_ Date: \_\_\_\_\_

