

MONTCLAIR STATE UNIVERSITY
 THE GRADUATE SCHOOL
 APPROVAL FOR WRITING A MASTER'S THESIS
 and COMMITTEE MEMBERSHIP

The following student is approved to register for the Master's Thesis course:

Student Name: _____ CWID #: _____

Course Title: _____ Course Number: _____

Semester: _____ Year: _____ Section No.: _____ Semester Hours: _____
 (assigned by the Registrar)

	Type or Print	Sign	Dept.	Date
Thesis Sponsor	_____	_____	_____	_____
GPC	_____	_____	_____	_____
Committee Member	_____	_____	_____	_____
Committee Member	_____	_____	_____	_____
The Graduate School	_____	_____	_____	_____
Student*	_____	_____	_____	_____

*Submission of this form confirms that the Student has read and understands the Procedures and Guidelines the Preparation of Master's Theses at Montclair State University and will adhere to all policies, procedures, and deadlines outlined within.

Thesis Title: _____

Thesis Style Manual: _____

(Attach Thesis Outline to this Form)

*International Students only: Instructional Method must be face-to-face or hybrid. Initial here that you acknowledge this statement. _____

To be filled out by the Thesis Sponsor:
 Instructional Method: _____ (H2H, HYB, AON, or SON)

Institutional Review Board (IRB) APPROVAL SECTION (required for all students)

<input type="checkbox"/>		<input type="checkbox"/>