

EASTERN CONNECTICUT STATE UNIVERSITY
Approval/Permission to Register for
**GRADUATE INDEPENDENT STUDY/RESEARCH AND READINGS
OR THESIS PROJECT**

Instructions:

1. Print all information.
2. Students **MUST COMPLETE REVERSE SIDE.**
3. Students must have a minimum cumulative G.P.A. of 3.0 in order to register for an Independent Study, Research and Readings, or Thesis.
4. Obtain approval signatures from the a) independent study advisor or thesis advisor and reader and b) the supervising department chair. Submit this form to the Graduate Division for final approval.
5. With dean's approval, copies of the approved form will be sent to the advisor, department chair, and the Registrar's Office.
6. Upon receipt, the Registrar's Office will process the approved registration request. (Part-time students will be sent a bill which is payable immediately.)
7. Any changes to this registration request (i.e. drop/withdrawal) are the responsibility of the student and must be submitted to the Registrar's Office prior to applicable deadline.
8. **REGISTRATIONS WILL NOT BE PROCESSED WITHOUT ALL SIGNATURES.**
9. **REGISTRATIONS WILL NOT BE ACCEPTED AFTER THE DEADLINES STATED ON THE ACADEMIC CALENDAR.**

I have read and will comply with the above:

Student Signature: _____ Date: _____
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Name: _____ Eastern ID: _____ Phone: _____

Graduate Program: _____ Overall GPA: _____

Subject / Course Number: _____ Credits: _____

Title: _____

*If this is an Independent Study Replacing a Course, list Subject and Course Number: _____

Independent Study/Readings and Research Thesis I Thesis II	<u>CIRCLE SESSION AND WRITE IN YEAR:</u> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Fall</td> <td style="width: 33%;">Spring</td> <td style="width: 33%;">Intersession</td> </tr> <tr> <td>Summer</td> <td></td> <td>Year _____</td> </tr> </table>	Fall	Spring	Intersession	Summer		Year _____
Fall	Spring	Intersession					
Summer		Year _____					

APPROVAL SIGNATURES:

Independent Study/Research and Reading Advisor:

Print: _____ Signature: _____ Date: _____

Thesis Advisor:

Print: _____ Signature: _____ Date: _____

Second Reader:

Print: _____ Signature: _____ Date: _____

Department Chair:

Print: _____ Signature: _____ Date: _____

Dean of Graduate Division:

Print: _____ Signature: _____ Date: _____

Registrar's Office Use Only:

Section Code: _____ CRN: _____ Processed by: _____ Date: _____

Independent Study/Readings and Research (Complete A - E or attach a copy of the research proposal.)

A. Topic area: _____

B. Objective: _____

C. Readings and other materials: _____

D. Advisor's evaluation of proposal (to be completed by faculty advisor):

E. Outline of how the study will be conducted and evaluated:

Thesis I

A. Topic area: _____

B. Please note that a copy of the thesis proposal draft must be submitted to the thesis advisor and reader by the eighth week of classes.

Thesis II

A. Thesis title: _____

B. Attach a copy of the signed *Approval of Thesis Proposal* form and the approved thesis proposal. You will not be allowed to register for Thesis II without both of these documents and all of the appropriate signatures. In addition, you must adhere to all registration and submission deadlines published in the Academic Calendar and Graduate Division Bulletin.