

**UNDERGRADUATE/GRADUATE
STUDENT THESIS AND
FACULTY WORKLOAD CREDIT FORM
WESTERN CONNECTICUT STATE UNIVERSITY**

TO BE COMPLETED BY STUDENT

Name: Last _____ First _____ Student ID # _____

Address _____

Student WCSU Email _____ Telephone# _____

Semester Requested : Fall 20 _____ Spring 20 _____ Intersession 20 _____ Summer 20 _____
(January/March) (Circle: I, II, III or IV)

Course: _____
(Dept) (Course Number) (Thesis Topic)

Student Semester Hours: _____

TO BE COMPLETED BY FACULTY ADVISOR

Number of Faculty Contact Hours Per Week With Student: _____

Thesis Proposal/Completion Approval: Yes _____ No _____

Request is for (check one):
Faculty Workload Credit(s) _____ Faculty Summer/Intersession Compensation _____

Request is for (check one):

Completion of Thesis Proposal: Completion of Thesis:

Approval

Faculty Advisor Signature: _____ Date: _____

Department Chair Signature: _____ Date: _____

School Dean Signature: _____ Date: _____

TO BE COMPLETED BY REGISTRAR'S OFFICE OR GRADUATE OFFICE:

Received and Processed/Signature: _____ Date: _____

Submit a copy of the thesis proposal or completed thesis with this form. After the required signatures are obtained on this form, file the form with either the Registrar's Office (UG) on 1st floor of Old Main, Suite #102, or the Division of Graduate Studies Office (G) on 2nd floor of Old Main, Suite #206.