

**GRADUATE  
THESIS PROPOSAL-REGISTRATION 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 the Office of Graduate Studies Office (GR) on the 1<sup>st</sup> floor of Old Main, Suite #101.

01/25/2023