

VALPARAISO UNIVERSITY – OFFICE OF GRADUATE STUDIES
DROP/ADD CARD – CHANGE IN REGISTRATION

STUDENT ID: _____

DATE: _____

NAME: _____

COURSES DROPPED

COURSES ADDED

DEPT	CRSE NO	SEC	CR HRS.	DEPT	CRSE NO	SEC	CR HRS.
Total Credits Dropped				Total Credits Added			

Total Credits After Change _____

Dean's approval for overload _____

Adviser's Signature _____

After securing adviser's signature, **RETURN THIS CARD ALONG WITH YOUR PROJECT PAPERWORK TO THE OFFICE OF GRADUATE STUDIES.**



#699 MASTERS THESIS IN PSYCHOLOGY
OFFICE OF GRADUATE STUDIES
 VALPARAISO UNIVERSITY
 Valparaiso, Indiana 46383-6493
 (219) 464-5313 or (800) 821-7685

This form **must** be completed, signed by both the instructor and the Chair of the department involved, and returned to the Graduate Division Office. Upon approval of the Dean of Graduate Studies, copies will be distributed. **Please note:** This completed form does **not** constitute registration for this course. *The student must turn in the registration form with this Thesis in Education form.*

Two bound copies of the project paper (one of which will be placed in the University Archives) must be filed in the Graduate Office upon completion.

DEPARTMENT: _____

DATE SUBMITTED: _____

STUDENT ID NUMBER: _____

1. NAME: _____
LAST FIRST MIDDLE FORMER NAME

2. PRESENT ADDRESS: _____
NUMBER AND STREET CITY, STATE, ZIP

3. HOME PHONE: _____ WORK PHONE NUMBER: _____

EMAIL ADDRESS: _____

4. PROJECT IS TO BE UNDERTAKEN IN THE _____ SEMESTER 200 _____ NUMBER OF CREDITS _____

I. Title of Project: _____

TH: _____ (limit 24 letters & spaces)

Title for Transcript: _____

II. PROPOSED PROJECT

On an attached sheet, in a typewritten/double-spaced format, describe in one page the subject area(s), thesis, scope, particular approach, etc.

III. READING LIST

On an additional attached sheet, in a typewritten format, list at least 5 major references (texts, monographs, articles) that will support the project. References may include both primary and secondary source materials.

Instructor's Name (Printed): _____ Date: _____

Instructor's Approval Signature: _____ Date: _____

Dept. Chairman's Approval Signature: _____ Date: _____

Graduate Dean's Approval Signature: _____ Date: _____

PLEASE NOTE: Incomplete forms will not be processed.

cc: Registrar's Office