

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.
<b>Total Credits Dropped</b>				<b>Total Credits Added</b>			

**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 EDUCATION  
**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 \_\_\_\_\_  
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: \_\_\_\_\_

Title for Transcript: TH: \_\_\_\_\_ (limit 24 letters & spaces)

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