

# Saint Joseph's University Writing Studies Graduate Program Request for Thesis Completion Form

## Part A

Student Completes Part A and B and submits to the Director of the Writing Studies Program

Name \_\_\_\_\_

Date \_\_\_\_\_

SJU ID # \_\_\_\_\_

Writing Studies Course Number \_\_\_\_\_

Preferred Phone \_\_\_\_\_

e-mail \_\_\_\_\_

ENG 793 \_\_\_\_\_

ENG 794 \_\_\_\_\_

Please check one

Or both

Thesis Working Title \_\_\_\_\_

Fall \_\_\_\_\_ credits \_\_\_\_\_ Year \_\_\_\_\_

Spring \_\_\_\_\_ credits \_\_\_\_\_ Year \_\_\_\_\_

Summer I \_\_\_\_\_ credits \_\_\_\_\_ Year \_\_\_\_\_

Summer II \_\_\_\_\_ credits \_\_\_\_\_ Year \_\_\_\_\_

Registration Period and Credits

## Part B

### Thesis Description

Fiction \_\_\_\_\_

Nonfiction \_\_\_\_\_

Essays \_\_\_\_\_

Analytic Study \_\_\_\_\_

Poetry \_\_\_\_\_

Hybrid \_\_\_\_\_

Other:- \_\_\_\_\_

Genre of Thesis - please circle one

**Note: All courses are on-line.**

Description of your thesis project (attach additional sheets if necessary).

Describe the work of your thesis project, including themes, focus, and genre, for a general audience

### Approval Signatures

\_\_\_\_\_  
Tutor Signature and Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Graduate Director Signature and Date

\_\_\_\_\_  
Print Name

**\*\*\*\*Once this form is completed and approvals are given, you will be notified via e-mail to register for the above course (s). If you have any questions please contact Heather Foster at 610-660-2645 or hfoster@sju.edu.**