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

Student Completes Part A and B, obta	Part A	form to Heather Fost	er for processing	
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Name		Date		
SJU ID#		Writing Studies Course Number		
		ENG 793		ENG 794
Preferred Phone	e-mail	Please check one		Or both
Thesis Working Title				
FallcreditsYear			_creditsYe	
SpringcreditsYear		Summer II	creditsYe	ear
Registration Period and Credits				
	Part B Thesis Description	n		
	оло досоприо	•		
Fiction Nonfiction Essays	Analytic Study	Poetry	Hybrid/Oth	er
Genre of Thesis - please circle one				
Note: All courses are on-line. Description of your thesis project, include	ding themes, focus, and	d genre.		
	Approval Signatu	iroe		
	Approvai Signati	11 C3		
Mentor Signature and Date				Print Name
Graduate Director Signature and Date				Print Name

Once this form is completed and approvals are given, it will be submitted to the registrar by Heather Foster. If you have any questions, please contact her at 610-660-2645 or hfoster@sju.edu.