

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 ____

Summer I ____ credits ____ Year ____

Spring ____ 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

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, it should be taken to Heather Foster, Merion Hall #130, for processing. If you have any questions, please contact her at 610-660-2645 or hfoster@sju.edu.