

PERU STATE COLLEGE GRADUATE PROGRAMS

Thesis/Action Research Project Permission to Register

Name:

Address:

City:

Zip:

Student ID:

E-mail Address:

State:

Phone:

- Degree: Education – Curriculum and Instruction
- Organizational Management – Entrepreneurial and Economic Development

Faculty Mentor:

- Educ Mgmt 696 – Thesis/Action Research Project I Semester: _____ Year: _____
- Educ Mgmt 697 – Thesis/Action Research Project II Semester: _____ Year: _____

Proposed Title of Thesis/Action Research Project (*Attach Description*):

<input type="checkbox"/> Yes	<input type="checkbox"/> No	I have been admitted to Candidacy for the Graduate Program.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	I have completed at least 18 credits of graduate coursework.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	I am in good academic standing (3.00 GPA or above).

I understand that this approval is for the above described project only. Any changes to the above described project must be approved in advance. It is the responsibility of the graduate student to meet the requirements for the Graduate Program Thesis/Action Research Project in a timely manner and within the semester enrolled. Failure to do so may result in termination of the graduate thesis/action research project or assignment of grade of "F".

Graduate Student Signature _____
Date

Please allow the above named student to register for the following Graduate Program Thesis/Action Research Project course(s).

Call No.	Dept.	Course No.	Section No.	Credit Hours	Semester	Year

Dean of Graduate Programs _____
Date