

Office of the Registrar
SUNY Oneonta
APPLICATION FOR GRADUATE THESIS (698)

NOTE: The maximum number of thesis credits students can earn varies with the degree program. However, students are limited to a total of 12 s.h. of credit in any combination of independent study and thesis

Date: _____

Name: _____ Student I.D. Number: **A** _____

Degree student's program of study: _____

Proposed thesis study: _____

Semester hours: _____ Previous s.h. thesis/independent study completed: _____

For the term: _____
(summer, fall, spring, winter)

Student signature verifying that above information is accurate: _____

APPROVED:

Advisor

Date

Department Chair

Date

Divisional Dean

Date

**RETURN COMPLETED FORM, BEARING ALL SIGNATURES,
TO THE REGISTRAR'S OFFICE, NETZER 130**