



Graduate Studies, Stratton Administration Center
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Thesis Submission Form

Once the final thesis has been **reviewed** and **approved** by your Thesis Advisor and Department Chair, and submit this form by the deadline for the term you intend to graduate.

Name: _____ **Student ID:** _____

Email: _____ **Phone:** _____

Major(s): _____

Exact Title of Thesis: _____

Required Thesis Approvals:

Thesis Advisor: _____ Signature: _____ Date: _____

Thesis Reader 1: _____ Signature: _____ Date: _____

Thesis Reader 2: _____ Signature: _____ Date: _____

Chair: _____ Signature: _____ Date: _____

College Dean: _____ Signature: _____ Date: _____

Graduate Dean: _____ Signature: _____ Date: _____

Received by the Registrar's Office: _____