THE UNIVERSITY OF
SCRANTON
A JESUIT UNIVERSITY

GRADUATE THESIS APPROVAL FORM

ACAD-HISTORY-P

Print clearly and use ink (no pencil). The form must be completed in full. Do not leave any fields blank.

Student Royal ID	Student Name	
Term (check one) Regular: ☐ Fall ☐ Intersession ☐ Spring ☐ Summer Special: ☐ Fall ☐ Spring ☐ Summer	Year	Degree Program
Student's College ☐ CAS ☐ KSOM ☐ PCPS	Department	

Title of Thesis:

The signatures below signify that the above-mentioned thesis, in partial fulfillment of the student's requirements for degree, has been read and approved by the members of the Thesis Committee.	
Thesis Research Advisor	Date
Thesis Reader	Date
Thesis Reader	Date
Director, Graduate Program	Date

Return copies of completed form to:
1. Program Department
2. Office of the Registrar and Academic Services, O'Hara Hall, Second Floor.
3. Weinberg Library

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