

MANHATTANVILLE COLLEGE
PURCHASE, NY

PLEASE PRINT CLEARLY OR TYPE

ID #: _____

_____ 3998
(DEPT)

DATE: _____

SENIOR THESIS or SENIOR FINAL PROJECT

Student: _____ Semester/Year: _____

Major: _____ Faculty Evaluator: _____

Title of Thesis or Project: _____

**Please note: Upon completion of your thesis or project, the above title will appear on your transcript.
Please include exact wording.

Detailed account of the proposed thesis or project:

THIS FORM MUST BE SUBMITTED AT THE TIME OF REGISTRATION AND WILL NOT BE PROCESSED WITHOUT A DETAILED DESCRIPTION.

Signature of Student: _____ Date: _____

Signature of Faculty Evaluator: _____ Date: _____

Second Evaluator (if applicable): _____ Date: _____

Department Chair Approval
(History Department Only): _____ Date: _____

Is the student expected to complete this project within one semester? _____ Yes _____ No