Manhattanville COLLEGE®

SENIOR EVALUATION FORM

Student Name: _____ _____ _____
LAST FIRST MIDDLE

Student ID: _____ Semester: ☐ Fall ☐ Winter ☐ Spring ☐ Summer Year: _____

Subject Code: _____ Course Number: 3998 Course Type: ☐ Senior Project ☐ Senior Thesis

Faculty Evaluator: _____ Major: _____

Title of Thesis or Project: _____

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.

I agree to abide by all policies and procedures as stated in Manhattanville College's publications including payment of all charges and collection fees.

Student Signature: _____ Date: _____

Faculty Evaluator Signature: _____ Date: _____

Second Evaluator Signature: _____ Date: _____
(if applicable)

Manhattanville College Registrar's Office ♦ Reid 3rd Floor ♦ 914-323-5337 ♦ registrar@mville.edu

rev. 11/2021