

MARQUETTE UNIVERSITY GRADUATE SCHOOL

DISSERTATION / THESIS / PROFESSIONAL PROJECT CONTINUATION REGISTRATION FORM

When a student has completed all credits required for graduation but is still working on his/her dissertation, thesis, or professional project, registration in the appropriate course listed below shall be used to maintain active status. This form is to be used to request authorization and receive a permission number for the course indicated in Section II. After receiving the permission number, the student must register via CheckMarq for the course requested in Section II. These courses are zero-credit courses. A course fee will be charged.

I. Student Information

Name: _____				MUID: _____			
Department: _____				Degree: _____			
Registration is requested for:				(check term and year boxes)			
Fall	Spring	Summer		2007	2008	2009	2010
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Citizenship status: <input type="checkbox"/> U.S. citizen		<input type="checkbox"/> Perm. Res.		<input type="checkbox"/> Visa status: _____			
Student Signature: _____				Date: _____			

II. Request for Dissertation / Thesis / Professional Project

I have completed the dissertation/thesis/professional project credits required for my degree, but I am still working on the dissertation/thesis/professional project. I request the status indicated below for the above term:			
	<u>Less than Half-time</u>	<u>Half-time</u>	<u>Full-time</u>
Thesis Continuation	881 <input type="checkbox"/>	882 <input type="checkbox"/>	883 <input type="checkbox"/>
Professional Project Continuation	884 <input type="checkbox"/>	885 <input type="checkbox"/>	886 <input type="checkbox"/>
Doctoral Dissertation Continuation	887 <input type="checkbox"/>	888 <input type="checkbox"/>	889 <input type="checkbox"/>
Hours per week I will spend working on my dissertation / thesis / professional project: _____			
Approvals:			
_____		_____	
Adviser Signature		Date	
_____		_____	
Dept. Chair/Director of Graduate Studies Signature		Date	Section Number
			Permission Number

SUBMIT COMPLETED FORM TO GRADUATE SCHOOL