MANHATTANVILLE COLLEGE
PURCHASE, NY

PLEASE PRINT CLEARLY OR TYPE

ID #: ____________________

DATE: ________________

(Dept)

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

6/2012: Add History Chair Approval
12/2012: Update Form Title