

GOVERNORS STATE UNIVERSITY
College of Business and Public Administration

Application for
MIS 895 Graduate Project 3 credit hours _____
Or
MIS 890 Graduate Research Thesis 6 credit hours _____
(check mark the appropriate line above)

Date submitted: _____

Student Name _____

Address _____

Student phone # (day) _____ (evening) _____

FAX _____ Email _____

Social Security Number _____ CARS ID _____

* A ten-page (minimum) proposal must be attached to this form.

Title of Research Project/Thesis _____

Term/Year of Initial Registration

Approved by:

Reference number

Committee Chairperson Date

Re-registration – Term/Year

Second Reader Date

Subsequent Reference

Third Reader Date

Expected Graduation Date

System Coded _____
Date Initials

Due Date: Fall-July 15
 Winter-Nov 30
 Spring-March 31