



**SCHOOL OF GRADUATE STUDIES**

**CAPSTONE COURSE REGISTRATION**

(Plan A Thesis or Plan C Special Project)

Name:	<b>CCSU ID:</b>
Student Email: _____@my.ccsu.edu	Phone:
Academic Advisor:	
Major:	Degree (select one): MA    MBA    MS

**Eligibility to Register:** You must have at least a 3.00 overall GPA, a minimum of 18 credits completed for programs requiring 30-35 credits, a minimum of 24 completed credits for programs requiring more than 36 credits.

**CAPSTONE TITLE:** \_\_\_\_\_

Capstone Type	Academic Term
<input type="checkbox"/> <b>Plan A:</b> Master's Thesis <input type="checkbox"/> <b>Plan C:</b> Special Project	<input type="checkbox"/> Fall <input type="checkbox"/> Spring    Year _____ <input type="checkbox"/> Summer — Only by special approval from the Dean of Graduate Studies

**The sponsoring faculty member completes this section with the graduate student:**

Course No.:	Average Weekly Contact Hrs.:	Credits:
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**Required Capstone Written Agreement/Approvals:**

**Student:**

Signature	Print Name	Date
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**Capstone Advisor:**

Signature	Print Name	Date
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**Department Chair:**

Signature	Print Name	Date
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**Dean of Academic School**

Signature	Print Name	Date
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**Dean of Graduate Studies**

Signature	Print Name	Date
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