THE GRADUATE SCHOOL
MONTCLAIR STATE UNIVERSITY
DISSERTATION ADVISEMENT APPLICATION

Return the completed form, with all signatures, to:
The Office of the Registrar, Montclair State University, College Hall 204, Montclair, NJ 07043

**Regulations:** Doctoral students must have advanced to Doctoral Candidacy in order to be eligible to register for Dissertation Advisement.

**PROCEDURE:** A student must complete this form and receive approval by the Dissertation Advisor, the Department Chair, and the Doctoral Program Director. **This form must be submitted to the Office of the Registrar** during a prescribed registration period.

Semester/Year ___________/20_____

Catalog No. ______________________  Section No. (Assigned by Registrar) ______________________  Credit Hours ______________________

(COUN/CSND/EAES/EDCO/EDFD/FCST/MATH/TETD)

CWD #: __________________________________________________________

Student Name: __________________________________________________________  Date: ______________________

(Please Print Last Name, First Name)

Student Signature: __________________________________________________________

Dissertation Advisor’s Name: __________________________________________________________  Date: ______________________

(Please Print Last Name, First Name)

Dissertation Advisor’s Signature: __________________________________________________________

Student will be working on dissertation research and/or writing with advisor for a minimum of 57 contact hours during the course of the semester.

Dissertation Advisor initials one: Yes_______  No_______

Reg Off, if yes: Use GRADDOLC80

Chairperson’s Signature (Dissertation Advisor’s Department) __________________________________________________________

Doctoral Program Director’s Signature __________________________________________________________

Distribution: Department Chair, Faculty Member, Program Director, and Student