FORM H
THE GRADUATE SCHOOL
MONTCLAIR STATE UNIVERSITY
DISSERTATION ADVISEMENT EXTENSION 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. 
______-______
(COUN/CSND/EAES/EDCO/EDFD/FGST/MATH/TETD)

Section No. (Assigned by Registrar) 
______

Credit Hours 
______

CWID #: ______________________________________________________________________

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 GRADDOC80

Chairperson’s Signature 
(Dissertation Advisor’s Department) 

Doctoral Program Director’s Signature 

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

Rev. 10/29/14