



REQUEST FOR EXTENDED THESIS CREDIT

Southern Illinois University Edwardsville Graduate

Records, Rendleman Hall, Room 1309 Edwardsville, IL 62026-1047

Telephone: (618) 650-3167 Fax: (618) 650-2081

Name Student Identification Number

Street City State Zip Code

Graduate Degree Program Phone Number of E-mail address

State your request clearly and provide a substantive explanation of why more than 6 semester hours of thesis credit is appropriate for your thesis research. Attach a page to this form if more space is needed. Explanation must address the scope and complexity of your project. Your request must be signed by all members of your thesis advisory committee and submitted to Graduate Records for approval. The request should include a statement of the number of hours being requested. With special approval, up to 10 hours of thesis credit can be applied toward fulfillment of degree requirements.

Four horizontal lines for writing the request explanation.

Student's Signature: Date:

RECOMMENDATIONS OF THESIS ADVISORY COMMITTEE:

Chairperson: Printed Name Signature Date

Committee Member: Printed Name Signature Date

Committee Member: Printed Name Signature Date

Committee Member: Printed Name Signature Date

ACTION BY GRADUATE RECORDS:

Two horizontal lines for action by graduate records.