

Thesis/Project Application Form

*Please send a copy of this form to Dr. Kathy-Ann C. Hernandez
Fax: 484 581 1276; OR
E-mail: khernand@eastern.edu*

Student: _____ **ID:** _____

Program: _____ **Intended Graduation Date:** _____

Contact: Phone _____ Email: _____

Address: _____

Thesis/Project Title: _____

Thesis/Project Type:

___ Thesis

___ Journal Article

___ Project

___ Curriculum Design

___ Instructional Technology Project

___ Administrative Action Plan

___ Other (Specify: _____)

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Office Use

Received Date: _____

Are all documents included? ___ Yes ___ No

Thesis/Project Completion Date: _____