

**HAMLIN UNIVERSITY  
GRADUATE SCHOOL OF LIBERAL STUDIES  
PROSE CAPSTONE REGISTRATION: MFA THESIS II**

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**Return completed form to the Graduate School of Liberal Studies (651-523-2407)**

- **by fax** to 651-523-2490
- **by mail** to Hamline University, Graduate School of Liberal Studies, MS-A1730, 1536 Hewitt Ave, St. Paul MN 55104-1248
- **in person** to the GLS office at 1500 Englewood Avenue

Student is responsible for obtaining required signatures.  
Contact GLS at 651-523-2047 with questions.

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*please type or print*

Hamline ID/Social Security Number: \_\_\_\_\_

Name: \_\_\_\_\_  
*Last First Middle*

Address: \_\_\_\_\_  
*Street City State Zip + 4*

E-mail: \_\_\_\_\_

Home Phone: ( \_\_\_\_\_ ) Work Phone: ( \_\_\_\_\_ )

**Please register me for the following:**

GLS 8492 – Thesis II (4 credits)    Fall    Spring    Summer   Year: \_\_\_\_\_

OPTION:    Standard (80-100 pages)    Book-length manuscript (*student must have completed their manuscript at the start of Thesis I to choose this option*)

Proposed Title: \_\_\_\_\_

Name of Primary Advisor: \_\_\_\_\_

Signature of Primary Advisor: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Administrative Advisor: \_\_\_\_\_

Name of Outside Reader (optional\*): \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

*\*Having an outside reader at your Final Capstone Meeting is optional. If you plan to have an outside reader, you must have indicated so when registering for Thesis I.*

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**I acknowledge that I have received consent from the individual above to serve as Primary Advisor for my capstone. S/He has agreed to collaborate on this project. Further, I understand that if I do not complete Thesis II during the term of registration, I must re-register.**

Student signature (required): \_\_\_\_\_ Date: \_\_\_\_\_