Rowan University
GRADUATE SCHOOL OF
BIOMEDICAL SCIENCES

MASTER OF SCIENCE THESIS CONTINUATION REGISTRATION APPROVAL FORM

Master of Science Thesis Continuation will carry a variable credit weight of 1-9 credits:

- *Full time status: Fall/Spring Terms are 9 credits. Summer Term is 4 credits.*
- *Part time status: Fall/Spring Terms are 5 credits. Summer Term is 2 credits.*

The student's mentor will be responsible for certifying that a student is working on his/her thesis on a part-time or full-time basis commensurate with the number of credits they are registered for in a term.

Student's Name: _____

Rowan ID #: _____

Thesis Advisor / Mentor Name: _____

Number of credits approved for registration: _____

Semester: _____ 20_____

CRN: _____

Progress of Thesis: ☐**Satisfactory** ☐**Unsatisfactory**

Mentor's Comments and Recommendations
(Please describe activities planned for thesis work during the coming semester):

By signing below, the mentor and student certify that the student will be conducting thesis research commensurate with the number of credits approved for the semester.

_____
Thesis Advisor / Mentor Signature Date

_____
Student Signature Date

_____
GSBS Director or Senior Associate Dean Signature Date