

**GRADUATE THESIS REGISTRATION FORM  
WILSON COLLEGE**

1015 Philadelphia Avenue, Chambersburg, PA 17201

\_\_\_\_\_  
First Name                      MI                      Last Name

Permanent Address \_\_\_\_\_  
\_\_\_\_\_

Home Telephone Number \_\_\_\_\_

Cell Number \_\_\_\_\_

County (PA only) \_\_\_\_\_

Local Address (if applicable) \_\_\_\_\_  
\_\_\_\_\_

Email \_\_\_\_\_

Employer \_\_\_\_\_ Telephone \_\_\_\_\_

Emergency contact name and telephone:  
\_\_\_\_\_

Social Security Number \_\_\_\_\_

Sudent ID# \_\_\_\_\_

Do you require handicap accessibility?

\_\_\_\_\_ yes                      \_\_\_\_\_ no

Please list your anticipated graduation/  
completion

Year \_\_\_\_\_ Semester \_\_\_\_\_

**COURSE REGISTRATION**

Semester and Year	Course Number & Section	Course Title	
	HUM 598	Master's Thesis I	<input type="checkbox"/>
	HUM 599	Master's Thesis II	<input type="checkbox"/>

It is the student's responsibility to inquire to the Office of Financial Aid to determine if she/he qualifies for Financial Aid for this semester. Please contact the Business Office with questions concerning payment. All payments must be made to the Business Office.

- **I agree that I am responsible for my financial obligation to Wilson College.**
- **Default of Financial Obligation**
  - I agree, that in default of any financial obligation to Wilson College, I agree to pay all costs and expenses incurred by Wilson College, including 25% collection agency cost and reasonable attorney fees, in collection of any sum that is due.
  - I agree that if i owe a financial obligation to Wilson College, Credit Bureau reports may be reviewed by collection agencies.
  - I understand that in the event of default that academic transcripts and grades will not be released until the debt is paid in full.
  - My signature confirms my understanding of the Financial Obligation as described above.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Thesis Director Name (print) \_\_\_\_\_

Thesis Director Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*\*Graduate Program Director Signature \_\_\_\_\_ Date \_\_\_\_\_**

**\*\* Please obtain the appropriate graduate program director's signature *before* submitting the form to the Office of the Registrar by the registration deadline.**