

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

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**Return completed form to the Graduate School of Liberal Studies**

- **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 8491 – Thesis I (4 credits)     Fall     Spring     Summer    Year: \_\_\_\_\_

OPTION:     Standard (80-100 pages)     Book-length manuscript (*student must have a complete 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 indicate it on this Thesis I registration form.*

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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 I during the term of registration, I must re-register.**

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