

Culminating Activity, Thesis or Project Title Registration

Authorized/Processed By: ___

Upon successful completion of a culminating activity, the committee chair, program director or graduate coordinator may submit this form to the Registrar's Office to register the title on the academic transcript and record. The title provided on this form must match the title of the activity, thesis or project exactly. The use of this form is not required by all departments and programs, and requirements may vary. Please consult your department or program policies for complete information.

- While this form is most commonly used for graduate studies, it may also be used if a thesis or culminating activity is required in an undergraduate program and the program/major catalog policy requires recording on the official record.
- Under College policy, departments may indicate that other requirements must be met before the culminating activity is recorded.

 Requirements may include the completion of a committee review, an oral defense, providing bound copies or second reader/peer review. Please consult the academic department or program policies for more information.
- The Registrar's Office provides the title and completion on official academic records only. If your department requires public notification or posting of topics and theses, please coordinate with your program or department chair, director or coordinator.
- Provide this form only when all requirements are met. Completion will be immediately recorded upon receipt.
- This form should be received by May 15th (Spring) or January 1st (Fall) to have the information reflected on student records during transcript ordering periods.

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Program or Major:				Degree: e.g.: "Master of Arts"
Requirement/Level:	☐ Undergraduə	Undergraduate Major Requirement Undergraduate Special Program Requirement (e.g.: Honors, UG Research)		
	Graduate	☐ Certificate	Other:	
Activity Category:	Thesis	☐ Project	Portfolio	Other Activity:
Complete Title:				
				Date:
Approval Signature:				
Approval Signature: Approval By:	ttee Chair 🔲 Grad Co	ordinator/Advisor 🔲 🛭		ogram Director Other:
Approval By: ☐ Commin	ttee Chair Grad Coment or program policies Staff: Please retain a	ordinator/Advisor	Department Chair	d to the student's electronic records in the Registrar's
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