

JS 299 Application for Master's Thesis

Department of Justice Studies ■ One Washington Square ■ San Jose, CA 95192-0500
Phone: 408-924-2931 ■ Fax: 408-924-2953

Name of the Student (Last, First): _____

SJSU ID: _____ Email: _____

Address: _____ Apt. # _____

City: _____ Zip code: _____

Phone (preferred): _____ Alternate phone(s): _____

Description: Six units are required to complete the thesis and oral defense of the thesis. Required for Plan A. Must be repeated for a total of 6 semester units.

Prerequisite: Admission to candidacy for the MS degree and thesis chair consent. Not available to Open University Students.

Repeatable: Repeatable for credit

Grading: Mandatory CR/NC/RP

Units: 3-6

JS 299 Units requested _____ Spring or Fall _____ Academic year _____

Briefly describe the nature of the Master's Thesis project for this course:

Instructor Name: _____ Email _____

Office phone _____ Alternate Phone _____

SIGNATURES REQUIRED:

Instructor Name and Title

Instructor Signature and Date

Student's Signature/Date

Justice Studies Graduate Coordinator printed Name/Signature/Date

ATTENTION STUDENT: To register for the course, bring this completed form to the Justice Studies Graduate Coordinator to get the signature, proper course code number, and permission code.