



**GEORGIA
CENTRAL UNIVERSITY**

6789 Peachtree Industrial Blvd., Atlanta, GA 30360

TEL (770)279-0507 FAX (770)279-0308

academic@gcuniv.edu www.gcuniv.edu

PETITION FOR THESIS/ CREDO/ MISSION PROJECT/ EDUCATION PROJECT

(Choose one and Circle it, 한가지 유형을 택하여 표시하시오)

APPLICANT:

Full Name (Last, First): _____ Student ID #: _____

School: _____ Degree Program: _____

ADVISOR'S NAMES (PRINT):

1ST READER/ADVISOR: _____

2ND READER/ADVISOR: _____

TITLE OF THESIS OR PROJECT: _____

CHECK LIST (Please **v** in the box next to each completed item);

- I have completely read and acknowledged Procedures to Preparing Thesis/ Credo/ Project.
 - I attach the thesis/project proposal (논문 또는 프로젝트 개요 첨부, 필요한 경우)
-

Faculty/Office Use Only:

I have read the above-mentioned Thesis/Project Petition and support this proposal.

1st Reader/Advisor: _____ Date: _____

2nd Reader/Advisor: _____ Date: _____

Dean of the School of Divinity: _____ Date: _____

Remark: