



Graduate Theological Foundation
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DOCTORAL THESIS COVER SHEET

Student Name: _____

***Please give your name as you wish it to appear on the diploma. We do not use academic or ecclesiastical titles on the diploma but religious orders or community initials are permitted.**

Mailing Address: _____

Degree Program: _____

Year of acceptance: _____

Thesis Title: _____

Thesis Supervisor: _____

Institutional Affiliation: _____

Title/position: _____

One electronic copy of the doctoral thesis must be submitted to the Office of the Registrar (registrar@gtfeducation.org). The student will be notified upon receipt of the thesis and will be informed of any documentation lacking from our records. Following receipt of the thesis and all required documentation, the student will be invited to contact the Office of Student Services to schedule the oral defense (studentservices@gtfeducation.org).