

PERMISSION TO REGISTER FOR THESIS/PROJECT [MATS / THM]

Name _____ Date _____

Program _____ Area _____ Studies Advisor _____

Thesis/Project undertaken for following semesters: _____

Anticipated completion date _____

Thesis/Project title _____

Obtain the signatures of the following people, each of whom will certify that you are cleared to proceed to register for thesis/project. Your registration will not be complete until all signatures are obtained and this form is submitted to the Registrar.

A Thesis Administration fee of \$200 will be assessed in the final semester of thesis registration.

Library Director

Date

Appointed Thesis Advisor

Date

Research Studies Committee Coordinator

Date

Student

Date

Registrar

Date