

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 _____