

Master's Thesis / Project Registration

Name _____ Thesis/project/3 course opt
Program _____ Credits _____
Student ID # _____ Semester _____ (e.g. 2018 Spring)
Email _____ Anticipated Completion Date _____
Title _____

Chair _____ Signature _____

Committee Member _____

Institution _____

Committee Member _____

Institution _____

Committee Member _____

Institution _____

Graduate Program Director _____ Signature _____

Student Signature

Date