SENIOR THESIS REGISTRATION FORM

Name		ID#		
Local or Cell Phone Number		Expected Grad Date		
Subject /Field Group		Are you seeking Honor	rs in your field? Y	es□ No□
Fall Spring Co	urse Numbe	er:	Credits: ☐ 1.00	□ 0.50
☐ One-Semester Thesis ☐ Two-Semester Thesis				
If two-semester, is grade assigned: \Box For each semester \Box Only after both semesters are complete				
Instructor's Name (print)	College	Instructor's Signatur	e	Date
Advisor's Signature	Date	Student's Signature		Date
For Office use only: Course #		Entered:		