

SENIOR THESIS REGISTRATION FORM

Name _____ ID# _____

Local or Cell Phone Number _____ Expected Grad Date _____

Subject /Field Group _____ Are you seeking *Honors* in your field? Yes No

Fall Spring _____ Course Number: _____ Credits: 1.00 0.50

One-Semester Thesis Two-Semester Thesis

If two-semester, is grade assigned: For each semester Only after both semesters are complete

Instructor's Name (print)	College	Instructor's Signature	Date

Advisor's Signature	Date	Student's Signature	Date

For Office use only: Course # _____ Entered: _____