

## 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: \_\_\_\_\_***