



Thesis or Project Registration Form

Name: _____ I.D. #: _____

Address: _____

Phone: _____ E-mail Address: _____

(Check One)			
Degree Program:	<input type="checkbox"/> CSC 599 (4 cr.)	<input type="checkbox"/> EDGN 599_____(3 cr.)	<input type="checkbox"/> Psych 566_____(3 cr.)
	<input type="checkbox"/> MPPA	<input type="checkbox"/> 599A____Thesis	<input type="checkbox"/> 599B____Project
Term:	<input type="checkbox"/> Fall_____	<input type="checkbox"/> Winter_____	<input type="checkbox"/> Spring_____ <input type="checkbox"/> Summer_____

Proposed Thesis Topic/Title: _____

Brief Description of Study: _____

Student Signature _____ Date: _____

I accept full financial responsibility for my CLU enrollment, including interest that may accrue on any unpaid balance.

Proposed Committee
(Please Print Names)

1. _____ 2. _____ 3. _____
Chairperson Committee Member Committee Member

Signature of Chairperson's Approval of Committee and Topic Date: _____

Signature of Program Director's/Advisor's Approval of Committee and Topic Date: _____

Signature of Associate Provost's/Dean's Approval of Committee and Topic Date: _____

Return completed form with signatures to the Registrar's office for registration within 20 days after the start of the semester.

Registrar – *White*

Chairperson – *Yellow*

Student - *Pink*