



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 _____ Project	<input type="checkbox"/> 599B (3 cr.)
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 Committe Member Committe Member

Chairperson's Approval of Committee and Topic
(Signature) Date _____

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

Associate Provost's/Dean's Approval of Committee and Topic
(Signature) 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*