Thesis or Project Registration Form

Name: ___________________________ I.D. # ___________________________

Address: ___________________________  
____________________________________

Phone: ______________________________ E-mail Address __________________________

(Check One)  
Degree Program:  □ CSC 599 (4 cr.)  □ EDGN 599 (3 cr.)  □ Psych 566 (3 cr.)  
□ MPPA  □ 599A Project  □ 599B (3 cr.)  

Term:  □ Fall  □ Winter  □ Spring  □ 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

Date: ______________

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

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