ACADEMIC CONCENTRATION THESIS

Registration Form 2009-2010

Semester: Fall _____ Spring _____ Summer_____

I agree to supervise this thesis project for

_____ _____

(print student's name) Student ID#

Address:_____

Street City State Zip Code

Email Address: _____ Date _____

Concentration_____

The focus of this project will be:_____

_____

_____

_____

Faculty Member Signature (FULL TIME FACULTY MEMBER)

STUDENT COMPLETION FORM

I _____, certify that I have
(print name)

completed a thesis under the direction of

Professor _____ for the _____

semester.

_____
Student Signature Date

_____
Street Address

_____
City State Zip Code

Email:_____