

# M.A. Thesis Enrollment Form

Date: \_\_\_\_\_ For: \_\_\_\_\_ semester \_\_\_\_\_ year

Student's name: \_\_\_\_\_ U ID: \_\_\_\_\_

Course requested: 7996 Hours credit: \_\_\_\_\_

Student's signature: \_\_\_\_\_

Major professor's signature: \_\_\_\_\_

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(For Administrative Use)

Section number:

CRN:

Issued by:

Date:

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