

1051-890

EXTRA CREDIT REGISTRATION FORM

Student Name: \_\_\_\_\_

Social Security No. \_\_\_\_\_

Academic Quarter \_\_\_\_\_

Number of Credit Hours \_\_\_\_\_

The student named above has discussed her/his research plans for the following quarter with me, and I find the proposed number of thesis credits to represent a fair proportion of the total work (6 credits total for M.S., 24 credits total for Ph.D.)

Signed: \_\_\_\_\_  
Thesis Advisor

Date \_\_\_\_\_

Approved \_\_\_\_\_  
1051-890 Instructor

Date \_\_\_\_\_