

REQUEST TO REGISTER FOR THESIS CREDIT
(HD 699)
Department of Human Development and Family Studies

This request is to be submitted no later than the first week of classes. If student is off-campus, form should be signed and faxed to the student's advisor at (970) 491-7975.

Name _____ Semester _____

Student ID Number _____ Phone _____

Semester _____ Year _____

Number of Credits Completed _____

Indicate the number of credits for which course will be taken _____

Title of Thesis Project:

I hereby certify that all information on this request is complete and accurate:

Student Signature

Date

Approvals:

Supervising faculty

Date

Printed Name of Supervising Faculty

After final approval, the original of this form is to be kept in the student's file. Copies may be made if necessary.