



**THESIS or INTERNSHIP
PERMISSION TO REGISTER FORM**

Date: _____

This is to verify that _____ has submitted, and the committee has approved,
(Student's Name)

the attached *proposal* for (check correct track):

_____ a thesis.

_____ an internship.

Please allow this student to register for _____ units of (check correct track)
(Total)

_____ Soc. 699 (thesis) _____ Permission number.*
_____ Soc. 696 (internship) _____ Permission number.**

for the following term:

_____ Fall 20_____
_____ Spring 20_____
_____ Summer 20_____

SIGNED:

Committee Chair

Member

Member

* Thesis permission numbers are obtained from the Department Scheduler on a 24 hour turn around basis.

** Internship permission numbers are obtained from the Internship Coordinator.

Once completed (form and registration) this form is to be filed with the Graduate Program Coordinator.