

Department of Sociology and Social Work

THESIS or INTERNSHIP PERMISSION TO REGISTER FORM

Date:				
This is to verify that(Student's Name)		has submitted, and the committee has approved,		
the attached proposal for	(check corre	ct track):		
a thesis.			*	
	_ an internsh	ip.		
Please allow this student	to register fo	r(Total)	units of (check correc	ct track)
	_ Soc. 699 (tl _ Soc. 696 (ii	hesis) nternship) _		Permission number.* Permission number.**
for the following term:	_ Fall _ Spring _ Summer	20 20 20		
SIGNED:				
Committee Chair			-	
Member			-	
Member			-	
* Thesis permission num	bers are obta	ained from th	ne Department Schedu	ler on a 24 hour turn around basis.

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** 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.