



REGISTRATION FOR THESIS CREDITS

DATE: _____ NMU IN: _____

NAME (L,F, MI): _____

EMAIL ADDRESS: _____ CELL PHONE NO.: _____

COURSE ID: _____ TITLE/SUBJECT: THESIS

CREDIT HOURS: _____ SEMESTER: _____ YEAR: _____

PROGRAM: _____ ONLINE ON CAMPUS

PLEASE SUBMIT THE FORM TO GRADUATE@NMU.EDU FOR ELECTRONIC SIGNATURES. THE GRADUATE OFFICE WILL DISTRIBUTE THE FORM TO THE REGISTRAR'S OFFICE.

NAME OF STUDENT

SIGNATURE OF STUDENT

NAME OF THESIS DIRECTOR

SIGNATURE OF THESIS DIRECTOR

NAME OF ADVISOR

SIGNATURE OF ADVISOR

NAME OF DEPT. HEAD

SIGNATURE OF DEPT. HEAD

NAME OF COLLEGE DEAN

SIGNATURE OF COLLEGE DEAN

DR. LISA ECKERT
NAME OF GRADUATE DEAN

SIGNATURE OF GRADUATE DEAN

FOR REGISTRAR'S OFFICE USE ONLY:

COURSE CREATED

SEQUENCE NUMBER

STUDENT ENROLLED