

PACIFICA GRADUATE INSTITUTE

THESIS REGISTRATION FORM

Student Name: _____ Program/Track: _____
please print

CP 650 – Directed Research I

___ Fall (10/1) ___ Winter (1/1) ___ Spring (4/1) ___ Summer (7/1) **Year** _____

CP 651 – Directed Research II

Initial 3-quarter Thesis Enrollment period beginning [**please check beginning quarter only**]:

___ Fall (10/1) ___ Winter (1/1) ___ Spring (4/1) ___ Summer (7/1) **Year** _____

CP 653 – Extension on Directed Research II

Check additional quarter(s) needed beyond the initial Thesis Enrollment period of 3 quarters:

___ Fall (10/1) ___ Winter (1/1) ___ Spring (4/1) ___ Summer (7/1) **Year** _____

Name of Thesis Advisor: _____
please print

Student signature: _____ Date: _____

Year Entered Program: _____

Procedure:

1. Complete this registration form and submit it to the Registrar's Office prior to the quarter of enrollment.
2. After processing the registration form, the Registrar's Office will send copies to the Business Office, Thesis Advisor, and Research Coordinator. The original will be filed in the student's permanent folder.
3. The Business Office will apply applicable charges.

Registrar: _____ Date: _____

Business Office: _____ Date: _____

cc: ___ Thesis Advisor ___ Research Coordinator ___ Financial Aid

249 Lambert Road • Carpinteria, California 93013 • 805-969-3626 • Fax 805-565-1932