



# Thesis Registration Form

STUDENT INFORMATION			
Student Name:		Date:	
Telephone:		Track:	<input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> L <input type="checkbox"/> W

CONTRACT INFORMATION		
I, the undersigned, request enrollment in Thesis for the time period:		
<b>Enrollment Type: Thesis Registration</b>	<b>Term</b>	<b>Year</b>
<input type="checkbox"/> <b>CP 653 A</b> Extension on Directed Research II 1 <sup>st</sup> extension beyond the initial 3-quarter thesis enrollment	<input type="checkbox"/> Fall (10/1-12/31)	_____
<input type="checkbox"/> <b>CP 653 B</b> Extension on Directed Research II 2 <sup>nd</sup> extension beyond the initial 3-quarter thesis enrollment	<input type="checkbox"/> Winter (1/1-3/31)	_____
<input type="checkbox"/> <b>CP 653</b> Extension on Directed Research II Extensions must be approved by the Education Council	<input type="checkbox"/> Spring (4/1-6/30)	_____
Thesis Advisor _____	<input type="checkbox"/> Summer (7/1-9/30)	_____
Year Entered Program _____		

<p>Complete the registration form and submit to the Registrar's Office no later than the 1st of the month for the quarter which you are registering.</p> <p>Students may take a maximum of two CP 653 extensions. Education Council approval is required for any additional extensions.</p> <p>Students working in a field site as a trainee should concurrently enroll in a Clinical Practicum course.</p> <p><b>Fax: 805.565.3804</b></p> <p>Revised: 6/2016</p>	<p><b>Required Signatures:</b></p> <p>_____ Student <span style="float: right;">Date</span></p> <p>_____ Registrar <span style="float: right;">Date</span></p> <p>_____ Student Accounts Office <span style="float: right;">Date</span></p> <p>Program Time Limit: _____</p> <p>cc: Thesis Advisor: _____ Director of Research: _____</p> <p>Research Associate: _____ Research Coordinator: _____</p>
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