

THESIS REGISTRATION

All students who plan to complete the Thesis final project option must file this completed, signed form with the SGPIA Office, 72 Fifth Ave., 7th floor.

Student Name _____

N number _____

Proposed Thesis Title

**** Please attach a 1-2 pp. narrative description of your thesis topic.**

Thesis Committee

- **First Reader (Thesis Supervisor)** *must be a SGPIA faculty member.*

Name: _____

- **Second Reader** *can be from outside SGPIA with supervisor's approval.*

Name: _____

If not a SGPIA faculty member, please provide the following information:

Title: _____

Address: _____

Telephone: _____

E-mail: _____

Thesis Supervision – Semester of Registration

Fall Spring (circle one) 20_____

Signature of Thesis Supervisor _____

Date _____

Signature of SGPIA Associate Director _____

Date _____