



LIS 599 Thesis: Registration

STUDENT NAME:	Person No.:
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E-MAIL:

REGISTRATION No: _____ <i>(DIS office will provide)</i> Credit hours: _____	GRADE:	S/U
Fall _____ Spring _____ Summer Session _____	I <input type="checkbox"/>	III <input type="checkbox"/>

Any combination of LIS 525/526/527/598/599 may not exceed 9 credit hours with a maximum of 6 credit hours for LIS 525/526/527. Return the completed form to the DIS office (534 Baldy). You will be force registered into the course.
Observe drop/add dates for the semester you are registering for.

SIGNATURES

Student:	Date:
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Thesis Supervisor:	Date:
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Academic Advisor:	Date:
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Routing: original to DIS office • copy to thesis supervisor • copy to student • copy to academic advisor