



University at Buffalo

Department of
Information Science

Graduate School of Education

LIS 599 Thesis: Registration

STUDENT NAME:	Person No.:		
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: _____		
Thesis Supervisor:	Date: _____		
Academic Advisor:	Date: _____		
Routing: original to DIS office • copy to thesis supervisor • copy to student • copy to academic advisor			