

Date \_\_\_\_\_

## Thesis Research Permission Form

Name \_\_\_\_\_

Last

First

Middle

U of U ID# \_\_\_\_\_

The above named student has permission to register for the following:

Semester/Year: \_\_\_\_\_ / \_\_\_\_\_

Department/Course Number: \_\_\_\_\_ / 7970

Credit Hours: \_\_\_\_\_

Supervisory Committee Chair

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

### Instructions for completing this form:

Student:

1. Please type in the requested information.
2. Obtain the supervisory committee chair's signature
3. This form must be submitted to the PhD Office by the student, not by their department.
4. The deadline for submitting this form to the PhD Office is **Wednesday** of the first week of classes at **5:00pm**.

PhD Office:

1. The PhD Office will create the course and will register you for the course.