DATE: __________________________  NMU IN: __________________________

NAME: ___________________________________________________________________

(Last)     (First)     (MI)

ADDRESS: ___________________________________________________________________

(Street)    (City)   (State)  (Zip)

LAND PHONE: _________________________  CELL PHONE: _________________________

COURSE I.D.: _________________________  TITLE/SUBJECT: _________________________

CREDIT HOURS: _________________________  SEMESTER: __________  YEAR: _________

MAJOR: ______________________________  DEPARTMENT: ________________________

Name of Thesis Director   (Signature of Student)

Signature of Thesis Director   (Signature of Advisor)

(Signature of College Dean   (Signature of Department Head)

Graduate Studies Office

NOTE: AFTER OBTAINING THE NECESSARY SIGNATURES, THIS FORM MUST BE
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