

FINAL PROJECT FORM

Note: A Registration / Course Change Form must be filled out in addition to this form.

STUDENT INFORMATION			
Regent ID	Given Name	Middle Name	Surname
Email Address		Phone Number	
Program		Area of Concentration (MATS stud	dents only)
		Thea of concentration with bounders only	
MATS	□ Comp Exam: □ onsite / □ off-campus		
	□ Comp Paper		
		□ 6 credits / □ 12 credits	
	☐ Thesis (6 credits)		
ThM	☐ Major Paper		
	☐ Thesis (9 credits)		
Courses you have completed and cour	please give the days and times on sees you plan to complete in the area of you	our concentration:	
the guidelines of my Final Pro	ject and will submit my Final P ent-college.edu/current-student	roject within the Completion Ti	meline spelled out on the
Signature of Student			Date
Name of Supervisor	Name of Second Reader (if known)		
Supervisor: I certify that the above named student has submitted satisfactory documents and that I am willing to supervise.			
Signature of Supervisor			Date