

School of Family and Consumer Sciences  
**APPLICATION for PERMISSION to ENROLL in FCS 5950--THESIS**

\*\*\* Application must be approved by end of semester preceding registration/expected enrollment \*\*\*

Name \_\_\_\_\_ E # \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Semester hour credit requested for thesis \_\_\_\_ Semester requested to register for thesis \_\_\_\_\_

Previous and/or current enrollment in FCS 5950/Thesis? \_\_\_\_ No \_\_\_\_ Yes/when? \_\_\_\_\_

General area proposed for thesis research

\_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_ Advisor Signature \_\_\_\_\_

APPROVAL: Approved for \_\_\_\_\_ s.h. credit for \_\_\_\_\_ semester

Thesis advisor assigned: \_\_\_\_\_

SFCS Chairperson \_\_\_\_\_ Date \_\_\_\_\_

Form with original signatures must be submitted to SFCS Graduate Coordinator for student's file. Student is responsible for making copies of signed form for Chairperson, Thesis Advisor, Advisor (if different than Thesis Advisor) and self.