

MASTER'S THESIS REGISTRATION SUPPLEMENT
Smith College Graduate Programs
College Hall 307

Complete this form and return it to the registrar's office for approval of your registration in a Master's Thesis course.

Name: _____ ID# _____

Candidate for the Master of _____ degree in the department of _____
(Arts, Fine Arts, or Science)

Department and Course Number: _____ CRN # _____ Number of Credits _____
for this semester

Please check one box: Year long Fall semester only Spring semester only

General Subject of Master's Thesis:

Thesis Director's Name _____ Signature _____ Date _____

Graduate Adviser's Name _____ Signature _____ Date _____

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