

THESIS REGISTRATION SUPPLEMENT

*Smith College Graduate and Special Programs
College Hall 307*

Complete this form and return it to the Graduate and Special Programs office for approval of your registration in your thesis courses.

Student _____ ID _____

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

Dept./Course Number _____ Number of credits Fall _____ Spring _____

Check one: year-long* fall semester only spring semester only

General subject of master's thesis _____

Special circumstances: _____

Thesis Director _____
name signature date

Graduate Adviser _____
name signature date

**For a year-long thesis, this form must be completed by the end of the registration period in the fall semester only. It will not have to be resubmitted in the spring unless there is a change.*

It is the student's responsibility to check BannerWeb to ensure that his/her registration is correct. Any changes outside of the usual registration periods may result in fees.