



**Master of Science Thesis Continuation
Registration Approval Form**

Student's Name: _____

Thesis Advisor/Mentor Name: _____

Date Thesis Advisory Committee Approved: _____ 20 _____

Number of credits approved for registration: _____ Semester: _____ 20 _____

Progress of Thesis: **Satisfactory** **Unsatisfactory**

Mentor's Comments and Recommendations

(Please describe activities planned for thesis work during the coming semester):

By signing below, the mentor and student certify that the student will be conducting thesis research commensurate with the number of credits approved for the semester.

Mentor/Thesis Advisor Signature

Date

Student Signature

Date

SGS Associate Dean Signature

Date