

**M.A. in Modern European Studies
Thesis Registration Form**

I request registration in MEUS G4999, Supervised Individual Research

Term: _____ **Year:** _____ **Credits for Thesis (2, 3, 4):** _____

Student's signature: _____ Date: _____

Student's name (print) _____ CUID # C00 _____
Listed on SSOL

Tentative title of thesis _____

Attach thesis prospectus, signed by your advisor(s) to the form

First advisor:

Signature indicating
advisor's approval of proposal _____ Date _____

Name of first advisor (please print) _____

Department or program: _____

Second advisor: (if applicable)

Signature indicating
advisor's approval of proposal _____ Date _____

Name of second advisor (please print) _____

Department or program: _____

Date received in office _____

Return this form to the European Institute Program Manager, 1203 IAB.