

COLLEGE OF ARTS & SCIENCES

COMPREHENSIVE EXAM, THESIS OR RESIDENCY

- *This form is to be used for registration for a comprehensive examination, thesis or residency.*
- *Student will be registered in the course when the completed form is submitted to Registrar, by the Dean's Office.*
- *Student may confirm registration in Web Advisor.*

Name _____ Major **MCB** Student ID _____

Local Address _____
_____ Telephone (____) _____

CHECK ONE: Comp Exam **Thesis** **Residency**

Course Number _____ Number of Credits _____

Course Title _____

Semester to be completed _____
Semester/Year

Student Signature _____ Date _____

Instructor (Please print) _____ Instructor Signature _____ Date _____

Department Chair/Program Director _____ Date _____

Dean, College of Arts & Sciences _____ Date _____

Distribution: *Academic Affairs, Registrar, Dean, Chair, Instructor, Student*
12/08