

THESIS REGISTRATION FORM

Fall 2009

THIS FORM MUST BE PRESENTED AT THE TIME YOUR STUDY CARD OR ADD/DROP FORM IS SIGNED FOR GOVERNMENT 99.

Name: _____ Phone: _____ House: _____

Mailing Address: _____

E-mail address _____

Are you:

- Government Only
- A Joint Concentrator: Government Primary, _____ Secondary
- A Joint Concentrator: _____ Primary, Government Secondary

Name of Thesis Adviser: _____

Is your thesis adviser:

- a Faculty Member in the Government Department;
- a Graduate Student in the Government Department;
- not a Faculty Member nor a Graduate Student in the Government Department, nor on the list of potential thesis advisors. If you are checking this box, you should have already obtained permission from the DUS to have this adviser.

Joint Concentrators only:

If Government is your primary concentration, do you have an adviser in your secondary concentration?

Name of secondary adviser: _____

If Government is your secondary concentration, who is your primary adviser from the other department and do you have a secondary adviser in the Government Department?

Name of primary adviser _____

Name of secondary adviser: _____