CAPSTONE HOURS REGISTRATION FORM

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| --- | --- |
| Student Name       |  BGSU ID #       |
|  |  |
| E-mail address       | Semester & Year        |
|  |  |

INDICATE ONE COURSE BELOW. PLEASE PRINT/TYPE ALL INFORMATION

|  |  |  |  |
| --- | --- | --- | --- |
| MA Student |  | Ph.D. Student |  |
|  | hrs |  | hrs |
| [ ]  MC 6910 Master’s Project Research |    | [ ]  MC 7980 Readings for Doctoral Prelim. Exam |    |
| [ ]  MC 6980 Readings for Master’s Comp. Exam |    | [ ]  MC 7990 Dissertation Research |    |
| [ ]  MC 6990 Thesis Research |    |  |  |

REQUIRED SIGNATURES

(No further information required for the signatures. Provide a brief note, if necessary.)

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| “I, the supervising faculty, am willing to guide this student in this course, above my regular load. I believe this will not be excessive in terms of my other responsibilities and interests.“Supervising Faculty’s Name Supervising Faculty’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_“I, the academic advisor, attest that student has satisfied all other degree requirements preceding these capstone courses. The student is also aware of the continuous enrollment requirement for MC 6990 and MC 7990.” Academic Advisor’s Name Academic Advisor’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Graduate Coordinator’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Note: