MECHANICAL &
INDUSTRIAL ENGINEERING DEPARTMENT
M.S. /PH.D THESIS RESEARCH
REGISTRATION FORM

STUDENT NAME: _____________________________________

STUDENT ID NUMBER: ________________________________

COURSE (CIRCLE ONE):


SECTION NUMBER OR FACULTY NAME: __________

NUMBER OF HOURS: ______

SEMESTER (CIRCLE ONE):    FALL    SPRING    SUMMER

YEAR: ________________________________

TITLE OF PROJECT: ________________________________
(optional)
___________________________________

PROFESSOR’S SIGNATURE: ____________________________

I understand that this is a project course to be done as individual study and the above mentioned professor has agreed to grade this course.

STUDENT SIGNATURE: ________________________________