

Approval to Register for Thesis

1. This form must be completed, signed before registering for ARCH 700. When this is approved and signed by the Thesis Committee, and the Graduate Advisor signs the credit review, submit it and a copy of the thesis proposal to the Graduate Program Coordinator (Alex Anderson) for final approval.
2. A total of 9 credits must be taken for Arch 700, Thesis. The credits may be distributed over a maximum of three quarters.
3. The Master of Architecture candidate must present the thesis at a public review prior to graduating. Please indicate below which quarter you intend to make your presentation. Notify Diane Stuart of any change in plans or address change.

_____	_____	CREDITS PROPOSED (enter below):
<i>Student name</i>	<i>Student number</i>	Autumn 20 _____ Credits
_____		Winter 20 _____ Credits
<i>Address</i>		Spring 20 _____ Credits
_____		Summer 20 _____ Credits
_____		Public Review _____
_____	_____	<i>Quarter/Year (Spring or Autumn quarter only)</i>
<i>Day Phone</i>	<i>Evening Phone</i>	

<i>E-mail</i>		

THESIS TITLE: _____

APPROVED (all members must sign):

_____	_____	_____
<i>Thesis Committee Chair</i>	<i>Date</i>	<i>Graduate Advisor</i>
_____	_____	_____
<i>Thesis Committee Member</i>	<i>Date</i>	<i>Graduate Program Coordinator</i>
_____	_____	_____
<i>Thesis Committee Member</i>	<i>Date</i>	<i>Comments:</i>

CREDIT REVIEW FOR THESIS REGISTRATION

Student Name

E-mail

Student Number

CREDIT REVIEW (completed by graduate program advisor)

- The following course requirements must be met prior to registering for ARCH 700, Thesis:**
- All Master of Architecture curriculum requirements for graduation will have been met upon completion of the courses listed below, in addition to 9 credits of ARCH 700, Thesis.**

Course Number	Credits	Quarter	Grade	Comp. Gr.	Advisor	Date
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

COMMENTS OR CONDITIONS:

Graduate Advisor

Date