

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

STUDENT NAME: _____

STUDENT ID NUMBER: _____

COURSE (CIRCLE ONE):

IE – 8000 M.S. Thesis Research ENGR – 9000 PH.D. Thesis Research

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: _____