



School of Graduate Studies

Master of Science Thesis Continuation  
Registration Approval Form

Student's Name: \_\_\_\_\_

Thesis Advisor/Mentor Name: \_\_\_\_\_

Date Thesis Advisory Committee Approved \_\_\_\_\_ 20\_\_

Number of credits approved for registration: \_\_\_\_\_ Semester: \_\_\_\_\_ 20\_\_

Progress of Thesis:  Satisfactory       Unsatisfactory

**Mentor's Comments and Recommendations**

(Please describe activities planned for thesis work during the coming semester):

---

---

---

---

---

---

---

---

---

---

**By signing below, the mentor and student certify that the student will be conducting thesis research commensurate with the number of credits approved for the semester.**

\_\_\_\_\_  
Mentor/Thesis Advisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
SGS Associate Dean Signature

\_\_\_\_\_  
Date