

**M.A. IN AGING STUDIES**  
**APPLICATION for PERMISSION to ENROLL in HSL 5950--THESIS**

*Application must be approved by end of semester preceding registration/expected enrollment.  
Submit completed form to M.A. in Aging Studies Graduate Coordinator.*

Name \_\_\_\_\_

E # \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

# of semester credit hours requested for thesis \_\_\_\_\_

Semester/year requested to register for thesis \_\_\_\_\_

Previous and/or current enrollment in HSL 5950/Thesis?

No \_\_\_\_\_ Yes \_\_\_\_\_ Previous semester/year: \_\_\_\_\_

Thesis topic \_\_\_\_\_

\_\_\_\_\_

**Signatures:**

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

\_\_\_\_\_  
Thesis Advisor Signature Date

\_\_\_\_\_  
Graduate Coordinator Signature Date