

STUDENT: _____
(PRINT LEGIBLY!)

COURSE TITLE: _____

COURSE NUMBER-SECTION: _____

PROFESSOR: _____

SEMESTER: _____ **20** _____

**THE ABOVE NAMED STUDENT IS AUTHORIZED TO REGISTER FOR
THE SEMINAR PAPER OPTION UNDER MY SUPERVISION.**

PROFESSOR'S SIGNATURE

**RETURN THIS COMPLETED FORM
TO THE REGISTRAR'S OFFICE.**