

**LLM
THESIS OPTION (850)
REGISTRATION AUTHORIZATION**

STUDENT: _____
(PRINT LEGIBLY!)

THESIS TOPIC:/TITLE: _____

**I ELECT TO REGISTER FOR THIS COURSE ON A
LETTER GRADE _____ OR PASS/FAIL _____ BASIS.**

PROFESSOR: _____

SEMESTER: _____ **20** _____

**THE ABOVE NAMED STUDENT IS AUTHORIZED TO REGISTER FOR
THE INDEPENDENT RESEARCH AND THESIS OPTION UNDER MY
SUPERVISION.**

PROFESSOR'S SIGNATURE

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