

**M.A. in Islamic Studies
Thesis Registration and Approval Form**

I request registration in ISCS G4999 Supervised Individual Research

Term: _____ Total Credits: _____

Student's signature: _____

Date: _____

Student's name printed

Tentative title of paper

Please attach thesis proposal to form

First supervisor:

Name (please print)

Department or program:

Signature _____

Date _____

Second supervisor (if applicable):

Name (please print)

Department or program:

Signature _____

Date _____