**THESIS REGISTRATION**

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. ID: \_\_\_\_\_\_\_\_\_\_\_\_.

Cellphone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Date of request: \_\_\_\_\_\_\_\_\_

Advisor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Semester: \_\_\_\_\_\_\_. Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **TOPIC SUMMARY** | |
| **Topic** |  |
| **Field** |  |
| **Specialty** |  |
| **Keywords** |  |
| **PROBLEM DESCRIPTIONS** | |
|  | |
| **WORK PLAN** | |
|  | |
| **COMMITTEE APPROVAL**  **Approval Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Committee Chair:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |