

EGL Master's Thesis Enrollment Form
EGL 598

Name: _____ **No. of Graduate Credits Completed:** _____

Semester: _____ **Year:** _____

Thesis Director: _____ **2nd Reader (if known):** _____

Description of Thesis:

Title: _____

Abstract:

Student Name	ID#	Signature	Date
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Thesis Director		Signature	Date
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Graduate Program Director		Signature	Date
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