



Office of the Registrar / 200 West Kawili St. Hilo, HI 96720-4091 / Student Services Center, First Floor Rm 101 / Phone: (808) 932-7447 / Fax: (808) 932-7448 / E-mail: uhhro@hawaii.edu

This form must be completed prior to registration for any thesis course numbered 700/800. A student may register for a Thesis course only if the GRADUATE FORM 2 has been approved and submitted to the Graduate Division. A student may register for one to six credits for any single Thesis course per semester.

SECTION I: Student Information:

Name: _____ Student ID: _____

Phone: _____ Email: _____@hawaii.edu

Student signature: _____ Date: _____

SECTION II: Course I

Course Alpha: _____ ber: _____ Title: _____

Semester: () Fall () Spring Summer Year: 20____ Semester hours: _____

SECTION III: Course Outline:

Thesis/Dissertation overview of the proposed course:

SECTION IV: Primary Advisor/Thesis Chair and Graduate Program Director permission:

Primary Advisor/Thesis Chair Name: _____ UH Username: _____

Primary Advisor/Thesis Chair Signature: _____ Date: _____

Graduate Program Chair Name: _____

Graduate Program Chair Signature: _____ Date: _____

SECTION V: Submit ORIGINAL completed form to the Graduate Division

FOR GRAD DIVISION OFFICE USE ONLY: Copies to: [] SPACMNT [] STAR Date: _____ Initials: _____

FOR REGISTRARS OFFICE USE ONLY:

[] Form 2 [] SIAASGQ [] SSASECT* [] SFAREGS Date: _____ Initials: _____ CRN: _____

*Uncheck Voice Response