MASTER OF ARTS IN SOCIOLOGY
THESIS OR RESEARCH PRACTICUM HOURS APPROVAL

A permit to register will be issued by the Sociology Department when this form has been completed, and signed.

Student’s Name: ___________________________ Student ID# ___________________________

UNCC Email: _______________________________ Effective Semester: ______________________

Course Selected: Thesis (SOCY 6996) _______ Research Practicum (SOCY 6897) _______

Number of Hours Requested: _____ (Maximum of 6).

______________________________

Approval Signatures

Student: ___________________________ Date: __________

Advisor: ___________________________ ___________________________ Date: __________
(Printed Name) (Signature)

6897 Section _____ CRN _________
6996 Section _____ CRN _________