

# Capstone/Thesis Registration Request Form

Data Science  
GOL (70) Rm. 1690  
585-475-5461

Rochester Institute of Technology

Golisano College of Computing and Information Sciences

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Student ID: \_\_\_\_\_

Request Registration:             Capstone             Thesis

Term(s): \_\_\_\_\_            Number of Credits Per Term: \_\_\_\_\_

Advisor: \_\_\_\_\_

Tentative Title: \_\_\_\_\_

Notes:

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name of Student: \_\_\_\_\_

Signature of Faculty Advisor: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Graduate Director: \_\_\_\_\_

Date: \_\_\_\_\_

<b>TERM KEY</b>	2201 = Fall 2020	2205 = Spring 2021	2208 = Summer 2021
	2211 = Fall 2021	2215 = Spring 2022	2218 = Summer 2022