Capstone/Thesis
Registration Request Form

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: ____________________________

TERM KEY
2181 = Fall 2018
2185 = Spring 2019
2188 = Summer 2019
2191 = Fall 2019
2195 = Spring 2020
2198 = Summer 2020