



Senior Project Pre-Registration/Registration

Office of Advising & Registration

4th Floor, Dewar Union
Hartwick College
Oneonta, NY 13820
Tel: 607-431-4460; Fax: 607-431-4260

Name: _____ ID No.: _____

Date: _____ Campus Box: _____

STUDENTS:

This form must be completed by any student enrolling in a 490 and must be returned to the Office of Advising & Registration by the end of the first week of the term in which the 490 is being registered. This form may also be turned in during the pre-registration period of the subsequent term or at the end of a term prior to the term in which the 490 is to be registered.

Department name: _____

Name of faculty member responsible for issuing grade: _____

Project/Thesis is to be registered for (check appropriate term(s) and indicate credits for each and total credits):

_____ Fall Term Year: 200____ Number of credits for Fall: _____

_____ Jan Term Year: 200____ Number of credits for Jan: _____

_____ Spring Term Year: 200____ Number of credits for Spring: _____

Total Number of credits: _____

Required Approval Signatures

Faculty Member Issuing Grade: _____

Department Chair: _____

Student Signature: _____

*Total credit for Senior Project/Thesis is not to exceed 4 semester hours.

*For ISP students, the Chair of the ISP Committee should sign in the Department Chair line.