STUDENT REQUEST FORM : IRGA PROGRAM

ICIR 402 Senior Thesis Registration Request

Name-Surname:	ID. No.:
Major:	GPA:
E-mail:	Contact no.:
Request for an approval from the course instructor prior to registration for ICIR 402 Senior Thesis in Trimester:	
Student's signature:	
Comment / Remark: Acknowledged & Approved	Comment / Remark: Acknowledged & Approved
Senior Thesis Advisor	Second Reader (MUIC full-time lecturers only)
(() Date: