

**M.A. in European History, Politics, and Society  
Thesis Registration Form**

**I request registration in EHPS GR6999, Supervised Individual Research**

**Semester:** \_\_\_\_\_ **Year:** \_\_\_\_\_ **Credits for Thesis:** \_\_\_\_\_  
*4 credits - unless otherwise approved by MA Faculty Advisor*

Student's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student's name (print) \_\_\_\_\_ UNI \_\_\_\_\_

Tentative title of thesis \_\_\_\_\_

\_\_\_\_\_  
*Attach thesis prospectus, signed by your advisor(s) to the form*

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**First advisor:**

Signature indicating  
advisor's approval of proposal \_\_\_\_\_ Date \_\_\_\_\_

Name of first advisor (please print) \_\_\_\_\_

Department or program: \_\_\_\_\_

**Second advisor: (if applicable)**

Signature indicating  
advisor's approval of proposal \_\_\_\_\_ Date \_\_\_\_\_

Name of second advisor (please print) \_\_\_\_\_

Department or program: \_\_\_\_\_

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Date received in office \_\_\_\_\_

Return this form to the European Institute Program Manager at 475 Riverside Drive Suite 308, New York, NY 10115  
OR by email at <ma.europe@columbia.edu>.