

**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

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: _____

Date received in office _____

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