

# 503/603 - Authorization to Register

Department of Political Science

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Student ID#: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Thesis/Dissertation Topic: \_\_\_\_\_

## SUPERVISING INSTRUCTOR

This student has permission to register for:  PS 503  PS 603  
from \_\_\_\_\_ [Term/Year] [continuing through \_\_\_\_\_].  
[Term/Year] [Term/Year]

Conditions/Clarifications \_\_\_\_\_

\_\_\_\_\_  
Instructor's Signature