Thesis Workshop Registration/Attendance

LU-ID ("L#"):_________________________    LU Email Address:_________________________

Your Last Name:  ______________________________________________________________________
Your First Name:  ______________________________________________________________________

Workshop Attendance: _______Face-to-Face    _______Blackboard

For which degree are you a candidate?  ______________________________________________________________________
Supervising Professor or Committee Chair Name:____________________________________________________________________
In which semester will you graduate?  ______________________________________________________________________
Have you scheduled your defense?  ___Y    ___N    If yes, the date?  ______________________________________________________________________

(If you plan to graduate Fall 2019, then as soon as possible, you should work with your committee to determine a defense date between November 4th - December 3rd.)

Title of Thesis/Dissertation (working title):
____________________________________________________________________________________
____________________________________________________________________________________

Which style guide will your writing observe (following are the only approved options)?

_____APA (Edu, Art, CrimJustice, Biology, Comm, FCS, Kines, Music*, Nursing, Psych, Theatre)

_____MLA (English and Modern Languages)

_____Chicago (Engineering, History, Computer Science, Music*)

_____ACS (Chemical Engineering, Chem-Biochem)

_____LaTeX (Mathematics)

By signing below, you register for the workshop and verify your attendance thereof; you also agree to be responsible for the content of the workshop, acknowledging that the editor reserves the right to reject your submission if it does not meet all guidelines provided to you on the website, in the Submission Guide, and discussed in the workshop.

Signature: ________________________________    Date: ________________________________