



UNC CHARLOTTE
Department of Sociology

MASTER OF ARTS IN SOCIOLOGY
THESIS OR RESEARCH PRACTICUM HOURS APPROVAL

A permit to register will be issued by the Sociology Department when this form has been completed, and signed.

Student's Name: _____ **Student ID#** _____

UNCC Email: _____ **Effective Semester:** _____

Course Selected: Thesis (SOCY 6996) _____ Research Practicum (SOCY 6897) _____

Number of Hours Requested: _____ (Maximum of 6).

Approval Signatures

Student: _____ **Date:** _____

Advisor: _____ **Date:** _____
(Printed Name) (Signature)

6897 Section _____	CRN _____
6996 Section _____	CRN _____