



UNIVERSITY OF NORTH CAROLINA  
**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).

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**Approval Signatures**

**Student:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Advisor:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Printed Name) (Signature)

6897 Section _____ CRN _____
6996 Section _____ CRN _____