



UNIVERSITY OF COLORADO

**INTERDISCIPLINARY
TELECOMMUNICATIONS
PROGRAM**

Permission to Register for TLEN 6950 (Thesis) or TLEN 6940 (Candidacy)

Student Name: _____

Student Number: _____

Thesis topic

Research course taken _____ Credits _____

Thesis credits required _____

Committee Members: _____

Thesis advisors signature* _____

Approved for _____ semesters

*If an electronic copy of this form (filled out) is emailed from the advisor's email address, that is assumed to indicate advisor approval.