

HIGH POINT UNIVERSITY

Norcross Graduate School

Independent/Practicum/Thesis/Capstone Request Form

Student ID #: _____ Term: _____ Year: _____

Full Name: _____

Telephone #: _____

Email: _____

Course to be Added:

Prefix	Course #	Instructor	Credit Hours

Student Signature

Date

Instructor

Date

Program Director

Date

Graduate School Processed

Date

**Thesis/Capstone course registrations will not be processed without prior receipt of the Appointment of Chair/Committee Form.*

***Thesis/Capstone or Continuation course registrations are required continuously until completion of the course credit is received.*