

THE UNIVERSITY OF CHICAGO
COMMITTEE ON INTERNATIONAL RELATIONS
5828 S. University Avenue, 301 Albert Pick Hall
Chicago, Illinois 60637

INRE 49700 APPROVAL FORM

This is to certify that during the _____ quarter _____ year,

_____ will be working under my supervision in:
(*print student's name*)

Please Note: *Students may register for INRE 49700 only once.*

The grade for the course will be (*please check the appropriate box*):

- Quality grade*** for the MA thesis
- P or F grade*** for the MA thesis
- Quality grade*** for work other than the MA thesis (attach supplementary materials)
- P or F grade*** for work other than the MA thesis (attach supplementary materials)

Faculty Name (*please print*): _____ E-mail: _____

Faculty Signature: _____ Date: _____

Preceptor Signature: _____ Date: _____

Submit signed form to the Student Affairs Administrator, Pick 306 at the time of registration