

## **499 HONORS THESIS**COURSE PROPOSAL AND REGISTRATION

| Name   | Name  |                                      |  |  |
|--|---|--------------------------------------|--|--|
| ID#  | Phone   | Box                                  | Class Year   |  |
| 499 Hone   | OFFICE USE ONLY   |                                      |  |  |
| Department in which honors are sought                        |   |                                      |  |  |
| Tentative Title of Honors Thesis                             |   |                                      | Dept.  |  |
|  |   |                                      | Course # 499   |  |
| Are you a member of the University Honors Program? Number Of |   |                                      | Section #  |  |
| Will this be writing intensive (WI)?YesNo SEMESTER           |   |                                      | Date Proc'd  |  |
| YR SEME  | ESTER   | J                                    | Initials   |  |
| registration. To earn universi                               | onors thesis (either departmental and/or unity honors, you must have a 3.50 cumulative of successfully defend your Honors These | GPA, have <b>successfully</b> comple | O cumulative GPA at the time of eted two honors seminars, be a member of the |  |
|  | nester hours of credit through a combin<br>10 hours of internship credit is possible  |                                      | endent study and/or senior thesis is   |  |
| Short Description of Proj                                    | ect or Problem to be studied:   |                                      |  |  |
|  |   |                                      |  |  |
|  |   |                                      |  |  |
|  |   |                                      |  |  |
|  |   |                                      |  |  |
|  |   |                                      |  |  |
|  |   |                                      |  |  |
|  |   |                                      |  |  |
|  |   |                                      |  |  |
|  |   |                                      |  |  |
|  |   |                                      |  |  |
| Student's Signature  |   |                                      | Date   |  |
| THESIS COMMITTEE A   | PPROVALS (you must have two faculty re  | aders in your department and o       | ne from outside your department)   |  |
| Faculty Director of Thesis                                   | (Please Print name above)   |                                      |  |  |
|  |   |                                      | Date   |  |
|  | _   |                                      |  |  |
| Second Reader (in department)                                | nt)(Please Print name above)  |                                      |  |  |
|  | Signature   |                                      | Date   |  |
| Third Reader (outside departs                                | ment)   |                                      |  |  |
|  | (Please Print name above)   |                                      | D.   |  |
|  |   |                                      | Date   |  |
|  |   |                                      | Date   |  |
| FINAL APPROV   | VAL   | поче Вчолкам                         | Date   |  |