

HONORS THESIS PROPOSAL FORM

By signing this form, the faculty thesis advisor agrees to supervise this student on the proposed thesis project. This signature does not constitute final approval of the thesis, nor does it imply any obligation to approve the final version.

Completed forms must be returned to UHP by the annual deadline of November 30th.

RETURN TO:

University Honors Program
390 Northrop
84 Church Street SE
Minneapolis, MN 55455
Tel: 612-624-5522
Fax: 612-626-7314
E-mail: honors@umn.edu

STUDENT INFORMATION			
Name (first, middle initial, last)		University ID number	
Date	U of M e-mail address	College	
Major (circle Honors major if pursuing more than one major)	Term of graduation	Honors advisor	

THESIS INFORMATION	
The student is completing an honors thesis with the goal of achieving the following level of Honors:	<input type="checkbox"/> <i>cum laude</i> <input type="checkbox"/> <i>magna cum laude</i> <input type="checkbox"/> <i>summa cum laude</i>
Thesis topic/working title	

FACULTY ADVISOR SIGNATURE		
Faculty advisor name	Faculty title (select one) <input type="checkbox"/> Assistant Professor <input type="checkbox"/> Associate Professor <input type="checkbox"/> Professor	Department
Faculty advisor email address	_____ Faculty advisor signature _____ Date	

ADDITIONAL READERS <i>(required for summa cum laude candidates or at the discretion of academic departments)</i>	
Second reader name	Department
Third reader name	Department

OFFICE USE ONLY			
UHP advisor approval:	_____	_____	_____
	<i>UHP advisor signature</i>		<i>Date</i>
APAS Entry Completion:	_____	_____	_____
	<i>UHP staff signature</i>		<i>Date</i>