

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.

Upon completion of this form, the student should submit it to the University Honors Program office, 20 Nicholson.

Due date for return of this form to UHP office is: _____
(to be filled out by Honors advisor)

RETURN TO:

University Honors Program
20 Nicholson Hall
216 Pillsbury Dr 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 (ex. spring 2009)

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 (please print)	Department
_____ Faculty advisor signature Date	

ADDITIONAL READERS (required for summa cum laude candidates or at the discretion of academic departments)	
Second reader name (please print)	Department
Third reader name (please print)	Department