

HONORS THESIS FORM



Honors Hall, 425 Patterson Street
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Application Form for Honors Thesis

_____ Semester/Year

_____ Name of Student (please print)

_____ Major

_____ Student ID ("U-Number")

_____ Email Address

_____ Proposed Thesis Title

_____ Department

_____ Course #

_____ Thesis Advisor (please print)

_____ Expected Completion Date

_____ Graduation Date

For thesis proposal approval, please obtain the following signatures:

Student Signature _____

(Signature)

Date: _____

Honors Project Advisor _____

(Signature)

Date: _____

Departmental Honors

Coordinator Advisor (if any) _____

(Signature)

Date: _____

Honors Program Director _____

(Signature)

Date: _____