



UNIVERSITY HONORS PROGRAM

Application for Senior Honors Thesis or Project: _____

Course Number

Date: _____

Name: _____

Dawgtag: _____

SIUC Address: _____

Phone: _____

Major: _____ Application is for ____ semester credit hours

Semester in which you plan to register for this work:

Fall _____ Spring _____ Summer _____ 20 ____

Working title of thesis or project: _____

Attach thesis proposal to this sheet

Signature of Student

Date

Signature of Thesis Director

Date

Printed Name and Dawgtag of Thesis Director

Signature of Director – University Honors Program

Date

Student must submit a final copy of their thesis to the University Honors Program in order to receive a grade and credit towards the Honors Diploma. Students are also expected to post their thesis to Open SIUC.

Revised 06/13/2017

FOR OFFICE USE ONLY:

Added to database: _____ Written in gray book: _____ Written in file: _____

Overrides in Banner: _____ Student Contacted with CRN: _____

*If thesis is cancelled, undo previous steps