Southern Illinois University
C A R B O N D A L E

UNIVERSITY HONORS PROGRAM

APPLICATION FOR SENIOR HONORS THESIS OR PROJECT: _____

<div align="right">Course number</div>

Date: _____

Name: _____ Dawgtag: _____

SIUC Address: _____ Phone: _____

Major: _____ Application is for <u>3</u> 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 of Thesis Director   Thesis Director Dawgtag

_____

Rank and Department of Thesis Director

_____   _____

Signature of Director- University Honors Program   Date

* Student must submit a final copy of the thesis to the University Honors Program in order to receive a grade and credit toward the Honors graduation option.

<u>FOR OFFICE USE ONLY:</u>

Added to database: _____ Written in excel sheet: _____ Written in file: _____

Overrides in Banner: _____ Student Contacted with CRN: _____ Degreeworks:_____

*If thesis is cancelled, undo previous steps