

UNIVERSITY HONORS PROGRAM

		Cours	e number
		Date:	
Name:SIUC Address:			
Semester in which you plan to register Fall Spring		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 Direct	tor		
Signature of Director- University Hon	ors Program	Date	
* Student must submit a final copy of		•	am in order to
ragains a grade and gradit tornard the I	Honors graduation of	option.	
receive a grade and credit toward the I			
Revised 09/12/2025			
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