THESIS or CREATIVE PROJECT PROPOSAL SUBMISSION FORM

STUDENT INFORMATION

Name: _________________________________________________ Date: _________________________________
BYU Net ID: _________________________________________ Semester of Graduation: __________________
Email: ______________________________________________ Honors Funding Requested: ☐ Yes ☐ No
Major(s): ______________________________________________________________________________________
Minor(s): ______________________________________________________________________________________

FULL THESIS OR CREATIVE PROJECT TITLE
____________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________

COMMITTEE INFORMATION

Faculty Advisor/Chair: _________________________________ Office: _______________ Phone: ______________
Advisor Research Account number (for advisor grant) _________________________________ __________________
Faculty Reader: ________________________________________ Office: _______________ Phone: _____________
Honors Coordinator: ___________________________________ Office: _______________ Phone: _____________

THESIS COMMITTEE APPROVAL (Please make sure that you have read the proposal and it fits all the qualities listed below before you sign.)

As members of the student’s thesis committee, we confirm that the scope of the proposed project is appropriate; that the student clearly identifies the specific purposes, issues, or problems to which he or she is responding; that the student clearly explains where the research question or project fits in the current body of knowledge; that the proposed methods are the best approach to achieving the desired results; that sources and citations are used correctly; and, if required, the student has received or is in the process of receiving IRB approval.

Faculty Advisor Signature:  _______________________________________________ Date: ____________________
Faculty Reader Signature:  ________________________________________________ Date: ____________________
Honors Coordinator Signature:  ___________________________________________ Date: ____________________

FOR OFFICE USE ONLY

Honors Funding: ☐ Approved $__________ ☐ Denied ☐ Not Applicable Traveling: ☐ Yes ☐ No
First Reviewer Signature: _________________________________________________ Date: __________________
Second Reviewer Signature: ______________________________________________ Date: __________________
Honors Director Signature: _____________________________________________ Date: __________________