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): ________________________________________________________________________________

THESIS OR CREATIVE PROJECT TITLE
__________________________________________________________________________________________
__________________________________________________________________________________________

COMMITTEE INFORMATION

Faculty Advisor/Chair: _________________________________ Office: _______________ Phone: ____________
Advisor Research Account #: 20-_________________________
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
- Student clearly identifies the specific purposes, issues, or problems to which he or she is responding
- Student clearly explains where the research question or project fits in the current body of knowledge
- Proposed methods are the best approach to achieving the desired results
- Sources and citations are used correctly
- Student has received or is in the process of receiving IRB approval, if required

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: ______________________