THESIS or CREATIVE PROJECT PROPOSAL SUBMISSION FORM

STU	DENTINFORMATION				
Name:					
Major(s):				
Minor(s	s):				
THESI	S OR CREATIVE PROJECT TITLE				
COM	IMITTEE INFORMATION				
Faculty Advisor/Chair:		Office:	Phone:		
·	Advisor Research Account #: 20				
Faculty	Reader:	Office:	Phon	e:	
Honors Coordinator: Office:					
As men	Scope of the proposed project is appropriate Student clearly identifies the specific purposes, is Student clearly explains where the research quest Proposed methods are the best approach to achie Sources and citations are used correctly	sues, or problems to which he ion or project fits in the curre eving the desired results	ent body of kno	Ü	
0	Student has received or is in the process of received	ving IRB approval, if required	d		
Faculty Advisor Signature:			Date:		
Faculty Reader Signature:			Date:		
Honors Coordinator Signature:			Date:		
FOR C	OFFICE USE ONLY				
Honors	Funding:	enied Not Applicable	Traveling:	☐ Yes	□ No
First Reviewer Signature:			Date:		
Second Reviewer Signature:			Date:		
Honors Director Signature:			Date:		