Honors Thesis Approval Form

Name ___________________________  Class Year __________

Email address: _____________________  Phone __________

Primary Thesis Advisor Name: ________________________________

2nd Thesis Advisor Name: ________________________________

Research Topic: __________________________________________

Description of work to be done:

Approvals:

Thesis Advisor #1 Signature: ________________________________

Thesis Advisor #2 Signature: ________________________________

Please return form to Dani Vander Horst in Wegmans 2513 upon completion.