Honors Thesis
Arranged Course Form

*Obtain the signature of the Thesis Advisor and Honors Director in that order.

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**Part I** (to be completed by the student)

Name: ____________________________ SSN or BSU ID: ____________________________

Last First MI

Date: ___________ E-mail: ____________________________

(Month/Day/Year)

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**Part II** (to be completed by instructor)

Course Subject: **HOPR**  Course Number: 4890 – 3 credits  Course Title: Honors Thesis

(4899 – 2 credits (Fall 04-06 Catalog or later))

Year: _________  Term: _____ (F = Fall, S= Spring, 1 = Summer)

Working Title: ____________________________

Instructor Name: ____________________________ Instructor ID: ___________

Proposed as:  □ No Load  □ ___ cr Regular Load  □ ___ cr Overload

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**Part III** (to be signed by designated persons)

Once required signatures are obtained, this form can be submitted to the Records Office, Deputy Hall 101, #12.

Thesis Advisor: ____________________________ Date: ___________

Honors Director: ____________________________ Date: ___________

Dean/Supervisor: ____________________________ Date: ___________

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*Please note: The Records Office will register you for the course upon completion of the form. You are responsible for the financial obligation incurred from this registration. Please be aware of payment deadline to avoid your class(es) from being cancelled.

For Office Use ONLY

Course ID: ___________

InsT_unit_type: ___________

0070 _____ ES70 _____

Date Processed: ___________