

Records Office

Deputy Hall, Room 101, #12
Bemidji, MN 56601
218/755-2020 Fax: 218/755-4409
records@bemidjistate.edu

Honors Thesis Arranged Course Form

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

PART I

(to be completed by the student)

Name: _____ **SSN or BSU ID:** _____
Last First MI

Date: _____
(Mo./Day/Yr.)

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:** _____

Working Title: _____

Instructor Name: _____ **Instructor ID:** _____

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:** _____

FOR OFFICE USE ONLY

Course ID: _____

Date Process: _____