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: 4899 – 2 credits  Course Title: Honors Thesis

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

Working Title: ______________________________________________________

Instructor Name: _________________________________________ Instructor ID: _______________

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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: ____________

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For Office Use ONLY  Course ID: ____________  Date Processed: ____________