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: ____________________________________  Student ID: _______________________
        Last                   First                   MI

Date: __________________  E-mail: _________________________________________________
        (Month/Day/Year)

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: ________________

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 Processed: ____________

Revised 07/2019