

## Thesis Proposal

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Local Address: \_\_\_\_\_

Major(s): \_\_\_\_\_

Minor (s): \_\_\_\_\_

Expected Graduation Date:  
\_\_\_\_\_

Semester You Will Enroll in IDIS 493:  
\_\_\_\_\_

Thesis Topic/ Working Title:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Description of Thesis and Methodology

(approximately 100 words -- please attach to this form):  
\_\_\_\_\_

The following faculty have agreed to serve on the thesis committee  
(faculty please sign below):

1. Thesis Chair:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature/ Date

2. Committee Member:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature/ Date

3. Honors Program Director

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature/ Date

*Please submit this form prior to the semester you plan to enroll in IDIS 493*