
Frostburg State University Honors Program

HONORS THESIS (IDIS 493) PROPOSAL FORM

Please Type or Print Neatly Term: _____ Year: _____

STUDENT NAME:	Last:	First:	Middle:	GRADUATION DATE:	PAWS ID:

MAJOR(S):	MINOR(S):

LOCAL ADDRESS:	PHONE:

EMAIL ADDRESS: _____

TITLE OF THESIS PROJECT: (Also, please attach a description of the thesis and its methodology. Approximately 100 words.)

APPLICANT

The following faculty have agreed to serve on the thesis committee:

THESIS CHAIR:

Name

Signature

Date

COMMITTEE MEMBER:

_____	_____	_____
Name	Signature	Date

HONORS PROGRAM DIRECTOR:

_____	_____	_____
Name	Signature	Date

Distribution: White Copy - Instructor | Yellow Copy - Honors Program | Pink Copy - Student

To finalize the thesis project process the student must fill out the Honors Thesis Completion Form, have it signed by the director of the Honors Program and the instructor of the course, and submit a copy of the work to the Honors Program.