

Frostburg State University Honors Program

Term _____ Year _____

HONORS THESIS (IDIS 493) PROPOSAL FORM

Please Type or Print Neatly

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.)				
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

A P P L I C A T I O N

White Copy - Instructor Yellow Copy - Honors Program Pink Copy - Student

To finalize the experiential learning 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.