

Please print or type all information except signatures; **use black ink only**. You must attach a copy of your proposal, typed or printed in black ink. Include your goals, methods, any new or creative aspects of your work, any special circumstances, and a brief literature review (if appropriate or required). After completion of the form (including signatures), please submit one copy to the Honors College office along with your proposal copy.

The Honors College strongly discourages overloading credits while doing the Senior Thesis/Project. If this is an overload of hours, you must get permission from your Dean's office before you can register.

Working title of proposed senior thesis/project

| | | |
|---|------------------|----------|
| Student's Name | ID# | |
| Local Address | City, State, Zip | |
| Local Phone | Email Address | |
| Major(s) | Graduation Date | |
| Course Number <small>(type/print "SCCC 499" or equivalent departmental course #)</small> | Credits | Semester |

Check all the following which are applicable

Change in topic
 Change in director
 Change in 2nd reader
 Addition of __ credits

Team or Group Thesis/Project

Note: If this is a team or group thesis/project, name each participant and indicate below whether or not each group member is in the Honors College. Each participant who is an Honors College student must complete and submit a separate contract form.

| | | | |
|----------------|-----------------|------------------------------|-----------------------------|
| Student's Name | Honors Student? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Student's Name | Honors Student? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Student's Name | Honors Student? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

This section to be completed by the major advisor

| | | |
|---|---|-------|
| Advisor Name | Department | |
| Will the senior thesis/project be an overload of credits for this student? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| This thesis/project counts as credit for the student's | <input type="checkbox"/> Major <input type="checkbox"/> Minor <input type="checkbox"/> Elective | |
| Your signature below verifies that you have discussed this Senior Thesis/Project with this student and that you have approved it to fulfill the requirements indicated above. | | |
| Advisor Signature | Date Approved | Phone |

Signatures

| | |
|------------------------------------|------------------|
| Director's Name | Office Address |
| Director's Faculty ID (required) | Email Address |
| Department | Phone |
| Director's Signature | Date Signed |
| Second Reader's Name | Office Address |
| Department/Organization | City, State, Zip |
| Email Address | Phone |
| Second Reader Signature | Date Signed |
| Student Signature | Date Submitted |
| SCHC Dean/Associate Dean Signature | Date Approved |

SCHC use only

| | | | |
|----------|---------------|-----------------|----|
| Section# | Schedule Code | Date Registered | By |
|----------|---------------|-----------------|----|