



RESEARCH AND CREATIVE HONORS

Thesis Committee Membership Form

Student Name: _____

Date: _____

Working Title of Honors Thesis/Project:

FACULTY ADVISOR:

Printed Name

Signature

Department

Date

HONORS COLLEGE FACULTY MEMBER:

Printed Name

Signature

Date

THIRD COMMITTEE MEMBER:

Printed Name

Signature

Department

Date

Please complete and return this form to your HC Committee Member