



ROBERT D. CLARK HONORS COLLEGE

Preliminary Thesis Form

Date: _____ Projected Graduation Term: _____ Year: _____

Name: _____ Student ID: _____
Last First Middle

Email: _____

Major(s): _____

Local Address: _____

Permanent Address: _____

Local Phone: _____ Permanent Phone: _____

Working Thesis Title:

HC 477 Thesis Prospectus, Term: _____ Year: _____ Instructor: _____

THESIS COMMITTEE

Primary Advisor: _____
Print or type name Department

_____ Phone Number Email Address

Secondary Advisor (if one has been selected at this time):

_____ Print or type name Department

_____ Phone Number Email Address

Student's Signature: _____ Date: _____

*Student – A grade for the course will not be issued until this completed form is submitted to your Thesis Prospectus instructor.
Instructor – Return completed forms to the CHC Academic Coordinator.*