

College of Education and Health Professions

Office of the Dean

 $324\ Graduate\ Education\ Building \cdot 1\ University\ of\ Arkansas\cdot Fayetteville,\ AR\ 72701\cdot 479-575-3208\cdot Fax:\ 479-575-3119$

Honors Thesis/Project Proposal Form

Name		ID#	
Date		Email	
Major		Department	
Faculty Mentor		Email	
Committee Members	:		
Thesis/Project Title_			
Compliance			
Check the box that applies t must be provided on a separa		copy of approval. Approvals must be obtained prior to submission or an ex	xplanatior
Human Subjects	Pending or	Approved & Date of Approval	
IACUC	Pending or	Approved & Date of Approval	
Thesis/Project Mentor/Da		Student/Date	
Committee Member		Committee Member	
Honors Council Chair/Date		Office of Associate Dean for Academic Affairs/Date	

Attach a copy of the research proposal to this form.