



UNIVERSITY OF ARKANSAS

College of Education and Health Professions

Office of the Dean

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

THESIS/PROJECT APPROVAL FORM

Name _____ ID# _____

Date _____ Semester _____

Email _____ Major _____

Thesis/Project Title _____

Thesis/Project Faculty Mentor's Name _____

Thesis/Project Faculty Mentor's Email _____

Department _____

Committee Approval/Date _____

Oral Competency: _____ COEHP Presentation _____ Other

If other, note the state/national or international conference presentation and date.

Thesis/Project Mentor

Date

Committee Member Signature

Date

Committee Member Signature

Date

Honors Program Director

Date

Assistant Dean for Academic Affairs

Date

Submit to the COEHP Honors Program Director