

## THESIS or CREATIVE PROJECT PROPOSAL SUBMISSION FORM

STUDENT INFORMATION				
Name:	Date:			
BYU Net ID:	Semester of Graduation:			
Email:	_Honors Funding	Requested:	☐ Yes	□ No
Major(s):				
Minor(s):				
FULL THESIS OR CREATIVE PROJECT TITLE				
COMMITTEE INFORMATION				
Faculty Advisor/Chair:	Office:	Phone:		
Advisor Research Account number (for advisor grant)				
Faculty Reader:				
Honors Coordinator:				
THESIS COMMITTEE APPROVAL (Please make sure that qualities listed below before you sign.)  As members of the student's thesis committee, we confirm that the student clearly identifies the specific purposes, issues, or problems to explains where the research question or project fits in the current best approach to achieving the desired results; that sources and citative received or is in the process of receiving IRB approval.	scope of the propo which he or she is to ody of knowledge; t	sed project is a responding; that that the propos	appropriate at the stude sed method	; that the nt clearly
Faculty Advisor Signature:		_ Date:		
Faculty Reader Signature:		_ Date:		
Honors Coordinator Signature:		_ Date:		
FOR OFFICE USE ONLY				
Honors Funding: ☐ Approved \$ ☐ Denied ☐	Not Applicable	Traveling:	☐ Yes	□ No
First Reviewer Signature:		_ Date:		
Second Reviewer Signature:		_Date:		
Honors Director Signature:		Date:		