THE HONORS COLLEGE
KENT STATE UNIVERSITY
SENIOR HONORS THESIS/PROJECT PROPOSAL

STUDENT INFORMATION
1. Name ______________________________________________________________________
2. Local address __________________________ Phone no. __________________________
   __________________________________________ Kent State ID _________________

3. Kent State Email address ____________________________
4. Degree-granting college(s) Major ____________________________
5. Anticipated date of graduation ____________________________

THESIS/PROJECT INFORMATION
6. Working title __________________________________________
7. Thesis Advisor (please print) ____________________________ Department __________
   Kent State E-Mail ____________________________
8. Please attach description (4-5 substantial paragraphs along with a reading list)
9. Duration and Credit-Hour Distribution
   a. Semester registered for the 2-credit-hour Thesis Proposal Preparation __________
   b. Remaining credit-hour distribution

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<th>Semester</th>
<th>Year</th>
<th>No. of credits</th>
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APPROVALS
10. Faculty advisor approval
    I agree to direct the Honors Thesis/Project as described above.

__________________________  __________________________  __________________________  
Signature                  Title                      Department                 Date

11. Co-advisor approval (if required by nature of thesis/project)

__________________________  __________________________  __________________________  
Signature                  Printed Name                Title                      Department                 Date

12. Dean’s approval for registration

__________________________  __________________________
Signature                  Date