Honors Thesis/Project Approval Form

Student Information

Name:	ID #:			
Major:	Email:		@uark.edu	
Proposed semester & year of graduation:	Spring	Summer	Fall	
Committe	ee Information			
Faculty Mentor:	Mentor Email:		@uark.edu	
Committee Member:				
Thesis/Proj	ect Informatio	n		
Thesis/Project Title:				
Committee Approval Date:	Or	al Competency		
COEHP Symposium Presentation	Conferenc	e Presentation*		
*State/National/International Conference and	d date:			
	Sun	<i>ing graduates:</i> Readi	on Deadline ing Day of spring semester al day of summer 2 session	
Faculty Mentor/Date	-	Fall graduates: Read	ing Day of fall semester	
		Submission Instructions Please visit our website for details on how to submit this forr coehphonors.uark.edu/current-students/forms-resources.ph		
	_ entirety.	. The faculty men	must be completed in their tor, committee member, and	
Honors Program Director/Date	If you beli — learning o	If you believe that your Honors Thesis/Project qualifies for a service learning designation on your transcript, please contact the Service Learning Initiative immediately at		