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:@ua		@uark.edu	
Committee Member:				
Thesis/Proje	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:			
			on Deadline	
		Spring graduates: Dead Day of spring semester Summer graduates: Final day of summer 2 session		
			d Day of fall semester	
Faculty Mentor/Date	Please vi		n Instructions details on how to submit this	
Committee Member/Date	form: cc	form: <u>coehphonors.uark.edu/current-students/forms-resources.php</u>		
	_	tions of the form I	must be completed in their	
Student/Date		•	or, committee member, and prior to submission.	
Honors Program Director/Date	learning d	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 svc!rn01@uark.edu		