CAPS Honors Program Request Form

Name: ____________________________                     ID: ___ ___ ___ ___ ___ ___

Phone: ____________________________                     Email: _______________________

Major Advisor: ______________________                     Thesis Advisor: __________________

Second Reader: ____________________________

Provisional title of honors thesis: ______________________________

With this form, please also turn in:

1. A) Your cumulative GPA as of the end of the last semester: ____________
   B) Your grade average in the CAPS Major as of the end of last semester: ____________

2. Attach a brief description of the proposed research project (one page).

___________________________________________________
Student’s Signature                                           Honors Thesis Advisor’s Signature

___________________________________________________
Date                                                          Date

Please return this form to the CAPS Office, B7 McGraw Hall.

(3/2/16)