

University of Arkansas
College of Agricultural, Food and Life Science

**HONORS PROGRAM
REQUEST TO ENROLL IN
HONORS THESIS FORM**

Name: _____ ID: _____

Email: _____

Major: _____ Minor: _____

Honors Mentor Name: _____

Academic Advisor: _____

Thesis Topic/Title: _____

I request to be enrolled in **1 2 3 4 5 6** hours of honors thesis during the following semester
Circle one

Year: _____ Semester: Spring Summer Fall

NOTE: A grade for the final (6th) hour of Honors Thesis credit will not be awarded until the final thesis has been submitted with appropriate committee signatures.

Approval Signatures:

Honors Mentor _____ Date _____

Student Advisor _____ Date _____

Return to Honors Program Director, Duane Wolf, PTSC 115 to be administratively added to the course.

Copies will be made for AFLS Dean's file, Advisor, and Student