

**The Lee Honors College
THESIS DECLARATION FORM
PLEASE PRINT**

Date: _____ **WIN #:** _____

Name: _____ **Phone #:** _____

Expected Date of Graduation: _____ **E-Mail:** _____

Major(s): _____ **Minor(s):** _____

Are you taking HNRS 4990: Honors College Thesis? Yes No (please complete registration form)

Expected Date of Thesis Completion: _____

Topic of Thesis: _____

Brief Description: _____

To be checked by faculty mentor:

Will this thesis require HSIRB approval? Yes No

Will this thesis require Animal Care Committee approval? Yes No

Thesis Mentor/Committee Chair (Must be full time):

Name: _____ **Dept.:** _____
(Please type or print full name)

E-mail: _____ **MS:** _____ **Phone:** _____

(Signature required) **Date:** _____

Please consult your thesis mentor regarding the selection of additional committee members. You must have at least one other person on your committee. This information will be required when submitting your Thesis Defense Certificate request. For additional information, please visit the honors college website or contact Dr. Nicholas Andreadis in the LHC office.

RETURN THIS FORM TO THE LEE HONORS COLLEGE

Graduation Date

December

April

June/August

Declaration form due

April 15

September 15

January 15

- *If you will be turning in this form after the date listed, please email the LHC advisor and indicate the day and time when you will turn it in.*