



UNIVERSITY OF
ARKANSAS

DALE BUMPERS COLLEGE
OF AGRICULTURAL, FOOD & LIFE SCIENCES

Honors Program Request to Enroll in Honors Thesis / Project

AFLS 400vH - Hours

_____	_____	_____	_____
Name	ID Number	Phone	Email Address
_____	_____	_____	
Major	Concentration	Minor	
_____		_____	
Honors Project Mentor Name		Academic Major Advisor	

Project / Thesis Title:

I request to be enrolled in: _____ (1 to 3) hours of honors thesis during the following semester.

Year: _____ Semester of Enrollment: _____

NOTE: Students are required to complete a minimum of three thesis credit hours before their anticipated graduation date. Timing for the completion of thesis credit hours is to be determined by the student based on the advice of the students mentor.

Approval Signatures:

Honors Project / Thesis Advisor:

_____	_____	_____
Department	Signature	Date

Student's Major Advisor:

_____	_____	_____
Department	Signature	Date

Honors Director:

_____	_____	_____
Department	Signature	Date

Please return completed form to Dr. Leslie Edgar, Director of the Bumpers College Honors Program, Bumpers College Deans Office (AFLS E-108).

AFLS HP Form #5

revised October, 2016