

International Relations Honors Program

Thesis Advisor Form

1) STUDENT INFORMATION

Name: _____ SUID: _____

Expected Graduation Quarter and Year: _____

Email: _____ Today's Date: _____

2) TENTATIVE THESIS TITLE

3) THESIS ADVISOR

Please have this form signed by your thesis advisor and submit it to the IR Honors Application on SOLO.

Thesis Advisor: _____ Department: _____

Signature: _____ Today's Date: _____

If you have not yet secured a thesis advisor, please list below the faculty members with whom you have met and discussed your thesis.

Faculty Member: _____ Department: _____

Faculty Member: _____ Department: _____

Faculty Member: _____ Department: _____