

POLITICAL SCIENCE DEPARTMENT
POLS 497 –University Honors Small Group Study
(1 credit hour in Fall Semester)

Name _____ Semester _____

Z-ID _____ Phone _____

E-mail _____

Thesis Advisor (print name) _____

Thesis Title _____

Student Signature _____ Date _____

Advisor Signature _____ Date _____

Director of UG Studies Signature _____ Date _____

Thesis title is a working title. If you should change the title, you must notify the undergraduate secretary via e-mail.

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(Office Use Only)

Date Enrolled _____ By _____