Theatre Arts Department
Proposal for an Honors Project
049:197:___
Or
Independent Study

Student Name__________________________________
Student Number________________________________
Address________________________________________________________________

Your status as a student: How many semester hours of credit will you have completed at the end of the present semester? ____

Proposed Hours: How many of credit are you proposing for this project of course? ____

Describe your project or attach typed description:

Signatures
Student___________________________________________ Date

Advisor/Instructor______________________________ Date

Honors Advisor _______________________________ Date