

LIBERTY
UNIVERSITY.
HONORS PROGRAM

**Senior Honors
Thesis Proposal**

Name: _____ Semester: _____, 20 _____
(Semester enrolled in HONR 495 = last semester)

Liberty I.D. Number: _____ Proposed Graduation Date: _____

Liberty Email: _____ Academic Major: _____

Please type the following:

Thesis Chair: _____ Department: _____

First Reader: _____ Department: _____

Second Reader: _____ Department: _____

Department Chair: _____ Department: _____

Abstract of Proposal (type one paragraph below); attach a full 3-5 page Proposal (complete with 20 source bibliography).

Approval (required signatures):

Thesis Chair: _____ Date: _____

First Reader: _____ Date: _____

Second Reader: _____ Date: _____

Department Chair: _____ Date: _____

Honors Program Director: _____ Date: _____

OFFICE USE ONLY

HONR 495: _____ CRN: _____ Emailed to Student: _____ Received: _____