

**The Lee Honors College  
THESIS DECLARATION FORM  
PLEASE PRINT**

**Date:** \_\_\_\_\_ **WIN #:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Expected Date of Graduation:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**Major(s):** \_\_\_\_\_ **Minor(s):** \_\_\_\_\_

**Are you taking HNRS 4990: Honors College Thesis?**  Yes  No (please complete registration form)

**Expected Date of Thesis Completion:** \_\_\_\_\_

**Topic of Thesis:** \_\_\_\_\_

**Brief Description:** \_\_\_\_\_

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**To be checked by faculty mentor:**

Will this thesis require HSIRB approval?  Yes  No

Will this thesis require Animal Care Committee approval?  Yes  No

**Thesis Mentor/Committee Chair**

- *Please specify title: Dr., Prof., Mr., Mrs., etc.*

\_\_\_\_\_  
(Signature required)

Dept.: \_\_\_\_\_

\_\_\_\_\_  
(Please type or print full name)

Please consult your thesis mentor regarding the selection of additional committee members. You must have at least one other person on your committee. This information will be required when submitting your Thesis Defense Certificate request. For additional information, please visit the honors college website or contact Dr. Nicholas Andreadis in the LHC office.

**RETURN THIS FORM TO THE LEE HONORS COLLEGE**

Graduation Date

December

April

June/August

Declaration form due

April 15

September 15

January 15

- *If you will be turning in this form after the date listed, please email the LHC advisor and indicate the day and time when you will turn it in.*