

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

Date: _____ **WIN :** _____

Name: _____ **Phone:** _____

Expected Date of Graduation: _____ **E-Mail:** _____

Major(s): _____ **Minor(s):** _____

Semester/year accepted into the honors college _____

Expected Date of Thesis Completion: _____

Topic of Thesis: _____

Please attach a brief, not more than 1 (one) page, description of your topic on a separate page.

To be checked by faculty mentor:

Will this thesis require:

- WMU IRB approval? Yes (please submit a copy of WMU IRB approval upon receipt) No
- IACUC approval? Yes (please submit a copy of IACUC approval upon receipt) No
- IBC approval? Yes (please submit a copy of IBC approval upon receipt) No

Is this research part of an NSF or NIH funded project? Yes No

If yes, please contact the Research Compliance Office at research-compliance@wmich.edu or (269) 387-8293.

Thesis Mentor/Committee Chair (Must be full time):

Name: _____ **Dept.:** _____
(Please type or print full name)

E-mail: _____ **Mail Stop:** _____ **Phone:** _____

(Signature required) **Date:** _____

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. Please visit the honors college website for detailed thesis information, including a downloadable thesis handbook. If you have additional questions about completing your thesis, please contact your honors college advisor. (<http://wmich.edu/honors/advising/thesis>)

RETURN THIS FORM TO THE LEE HONORS COLLEGE AT LEAST THREE SEMESTERS PRIOR TO YOUR EXPECTED GRADUATION DATE

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