



UNIVERSITY HONORS PROGRAM

UPPER DIVISION

developing a community of leaders

◇ Sophomore ◇ Junior ◇ Senior ◇ Transfer ◇ Non-Transfer

Name: _____ Student ID#: _____

Local Address: _____

City: _____ State: _____ Zip: _____

Local Telephone: _____ E-mail: _____

Permanent Address: _____

City/State/Zip: _____ Permanent Telephone: _____

Major: _____ Minor: _____ ◇ CHASS ◇ CNAS ◇ COE

Expected date of graduation: _____ Degree desired: _____

Primary Thesis Advisor: _____ Department: _____

Secondary Thesis Advisor: _____ Department: _____

Area of Research or Project Interests: _____

Career Goal: _____

Extracurricular Activities: _____

University Honors Program
University of California, Riverside
2316 Olmsted Hall, Riverside, CA 92521
(951) 827-5323 FAX (951) 827-5320

Student Signature: _____

Date: _____

e-mail: honors@ucr.edu
web: www.honors.ucr.edu

STUDENT INFORMATION SHEET



Student Name: _____ Student ID #: _____

Thesis Abstract/Proposal: (provide 250 word general summary of project proposed)

Primary Advisor Name

Signature

Department

Secondary Advisor Name

Signature

Department

Work on this Senior Honors Thesis will not impede completion of the student's major requirement for graduation.

Major Department Chair Approval

Major Department

Date

