

HONOURS THESIS SUPERVISION FORM

Please complete and submit one copy of this form to the Honours Thesis course instructor by October 6, 2017. **SIGNATURES OF ADVISORS INDICATE WILLINGNESS TO SERVE AND ACCEPTANCE OF THE TOPIC AREA.**

Name of Student: _____

Signature of Student: _____

Name of Primary Advisor: _____

Name of Second Advisor: _____

Name of Third Advisor (if applicable): _____

Tentative Thesis Title: _____

Brief statement of thesis problem (or attach a short paragraph, computer-generated):

Date

Signature of Primary Advisor

Signature of Second Advisor