

After the student and faculty advisor(s) have met and completed this Memorandum of Agreement, submit the form to the Honors Program, Box 7187, Columbia Hall Room B307, or email: Adrian.rozelle@und.edu .

Section A: To be completed by the applicant

Name of Student : _____ EMPLID _____

E-mail Address: _____ Faculty Advisor: _____

Thesis Title _____

Planned Graduation Date (Month/Year) : _____

Section B: To be completed at the Thesis Committee meeting with faculty advisor and student

_____ The project, as described in the attached proposal, has been approved without modifications or stipulations; or

_____ The project, as described in the attached proposal, has been approved with the following modifications or stipulations (attach description).

Thesis Credits (a total of 9 credits over a minimum of two semesters, but may include previous coursework):

Course _____ Credits _____ Semester _____

Work to be completed (or already completed) for these credits:

Course _____ Credits _____ Semester _____

Work to be completed (or already completed) for these credits:

Course _____ Credits _____ Semester _____

Work to be completed (or already completed) for these credits:

Applicant Agreement

- I understand and agree to the suggested revisions of this project. I understand that any research involving human subjects must be approved by the UND Institutional Review Board
- I will regularly check the e-mail address listed above for information regarding the thesis and will notify the Honors Program of any address changes.
- I agree to meet regularly (at least once every month) with my thesis chair and communicate with my committee as needed.
- I will notify my thesis committee and the Honors Office in writing of any changes to the project and will submit a new Memorandum of Agreement Form to the Honors Program as needed.
- I will participate in the Honors Undergraduate Research Conference on the date set by the Honors Committee. (Students unable to participate must contact the Honors Program for petition information.)

Student Signature _____ Date _____

Thesis Chair Signature _____ Date _____

Honors Contact Signature (optional) _____ Date _____

Optional Committee Member Signature _____ Date _____

Section C: To be completed by the Honors Office after submission of the form to the Honors

Honors Director Signature _____ Date _____