HONORS THESIS
MEMORANDUM OF
AGREEMENT

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):

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

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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 ___________