Bachelor of Science in Health Sciences

Physical Therapy Emphasis Degree

HONORS THESIS CONTRACT

Advisor Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Honors Scholar \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In order to fulfill the responsibilities of advisor and scholar for the Honors Thesis, we propose the following:

1. That we will meet during, **SPECIFY DAY OF WEEK, TIME, AND FREQUENCY (E.G. EVERY TWO WEEKS)**
2. That the student will enroll in the class Directed Study in Physical Therapy PTHY 4\_83, **SPECIFY THE SEMESTER(S) AND NUMBER OF HOURS THE STUDENT IS TO ENROLL. A MINIMUM OF 3 HOURS IS REQUIRED TO COMPLETE THE HONORS PROGRAM. THE HOURS MAY BE COMPLETED IN 1-3 SEMESTERS.**
3. That the student will turn in completed portions of his/her thesis for advisor’s review on the following dates, **BE AS EXPLICIT AS YOU CAN ABOUT WHAT DEADLINES YOU BOTH WILL ADHERE TO, AND WHAT AMOUNT WILL BE COMPLETED ON THOSE DATES.**
4. That the advisor will read/view and comment upon any work under his/her review, **BE PRECISE ABOUT WHAT YOU NEED FROM YOUR ADVISOR**
5. That our goal for the Honors Thesis will be for the student to complete, revise, and present an Honors Thesis of excellent quality **YOU MAY WISH TO SPECIFY HERE WHAT THE FINAL FORM OF YOUR THESIS WILL BE (PAPER, SERVICE PROJECT, ETC.)**
6. That all work turned in and presented as my thesis is my own. If any part of this thesis is plagiarized, **WORK WITH YOUR ADVISOR TO ESTABLISH THE CONSEQUENCES OF PLAGIARIZING**

Advisor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Date

Scholar\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Date