

**University of Central Arkansas
Department of Political Science**

Departmental Honors Thesis

Name: _____

Student ID: _____

GPA(overall): _____

GPA(Political Science): _____

Title of Honors thesis:

Thesis Advisor: _____

Committee Member: _____

Committee Member: _____

I have read the Department Honors Thesis Guidelines and agree to abide by the procedures described therein.

Signature of the Student

Signature of the Thesis Advisor

Date

Date

Signature of the Department Chair

Date