

DEPARTMENT OF PHILOSOPHY
HONORS THESIS CONTRACT

Last updated 4.18.24

Date: _____
Student Name: _____
Thesis Advisor Name: _____

Brief description of thesis project:

In which semester/year will you take PHIL 691H? _____ Year: _____
In which semester/year will you take PHIL 692H? _____ Year: _____

Will you be exercising the Graduate Course Option? _____
If so, please provide the relevant details below:

If applicable, the Thesis Advisor may share any special notes or comments below:

Please insert your digital signature or print, sign, and scan this form. Alternatively, you may type your legal name in the space provided and accept the Signature Certification* below.

Student Signature: _____ Date: _____
Thesis Advisor Signature: _____ Date: _____

***Signature Certification**

By checking the box next to my typed legal name, I certify that the information provided by me in this document is complete and accurate.

Once complete, please email this form to the [Philosophy Department's DUS](#) as a PDF attachment.