



**University
Honors Program**
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Step 1: Commonwealth Honors Thesis/Project Proposal

Name: _____ Graduation Date: _____

Student ID: _____ Major: _____

Local Address: _____ Phone: _____

_____ E-mail: _____

Faculty Supervisor: _____

Working Title: _____

Semesters and course(s) in which you plan to take thesis/project credits:

First semester: _____

Second semester (if applicable): _____

Please attach a brief description of proposed thesis or project, not to exceed two double-spaced typed pages.

Signatures:

Student: _____
Signature Date

Supervisor: _____
Signature Date

Honors Director: _____
Signature Date