



Honors Thesis: Permission to Register

1. Student Information

Name: _____ ID #: _____ Tel: _____

Faculty: _____ E-mail: _____

Student signature: _____ Date: _____

2. Course Information: Year: _____ Term: Fall Winter Spring/Summer

Subject & Course #: _____

Course #: _____ (For Department Use Only)

Please attach a proposal containing
topic
preliminary bibliography;
tentative outline of the essay;
working plan for the completion of the essay.

3. Instructor Information:

Name: _____ Signature: _____

4. Honors Advisor Signature: _____ Date: _____

Once the signature has been obtained from the appropriate advisor, take this form to the undergraduate administrator in Arts 200-F.

Signature: _____ Date: _____

Associate Chair for Undergraduate Studies

For Department Use only
Date of Registration: _____
Confirmation Initials: _____

The personal information requested on this form is collected under the authority of Section 33(c) of the *Alberta Freedom of Information and Privacy Act* for the purpose of administering course overrides. Questions concerning the collection, use or disposal of this information should be directed to the Administrative Officer, Department of Modern Languages and Cultural Studies, 200 Arts Building, University of Alberta, Edmonton, AB T6G 2E6, Tel. (780) 492-3271.