

EASTERN ILLINOIS UNIVERSITY

DEPARTMENT OF SOCIOLOGY and ANTHROPOLOGY

Application for Honors Independent Courses

This form MUST be completed and on file BEFORE the student is registered.

Student's Name: _____

E #: _____

Semester to be taken: FA ___ SP ___ SU 4 ___ SU 6 ___ SU 8 ___ Year _____

SOC 4444 _____

SOC 4555 _____

SOC 4644 _____

Thesis Chair's Name: _____

Research Topic / Thesis Title:

Signature of Thesis Chair

_____/_____/_____
Date

Signature of Departmental Honors Coordinator

_____/_____/_____
Date

Signature of Department Chair

_____/_____/_____
Date