Department of Psychology and Neuroscience

Honors Thesis Approval Form

Submit this form to psychoffice@bc.edu upon completion of your thesis.

Also Required: Email your thesis to psychoffice@bc.edu.

Name of Student: ____________________________________________

Student’s Eagle ID: __________________________________________

Student’s Major: ____________________________________________

Month and Year of Thesis Completion: ___________________________

Student’s School Address: ____________________________________

___________________________________________________________

___________________________________________________________

Student’s Home Address: ____________________________________

___________________________________________________________

___________________________________________________________

Thesis Title: ________________________________________________

___________________________________________________________

Printed Name of Advisor: ____________________________________

Signature of Advisor: _______________________ Date: ____________

Printed Name of Second Reader: ______________________________

Signature of Second Reader: ________________________ Date: ________