

# Honors Thesis Approval Form

Submit this form to the Psychology Office upon completion of your thesis.

Also Required: Email your thesis to [psychoffice@bc.edu](mailto: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: \_\_\_\_\_