

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:

\_\_\_\_\_  
Signature of Thesis Chair

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Departmental Honors Coordinator

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Department Chair

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date