



**Department of Geography
Honours Program Registration Request**

Student name: _____

Student number: V00_____ Program year: _____

Student preferred e-mail: _____

COURSE ABBREVIATION	COURSE NUMBER	COURSE TITLE	UNIT VALUE
<u>Geog</u>	<u>499A</u>	<u>Honours thesis</u>	<u>1.5</u>
<u>Geog</u>	<u>499B</u>	<u>Honours thesis</u>	<u>1.5</u>

TOPIC TITLE: _____

Will this project require ethics approval? YES NO

PROPOSED HONOURS RESEARCH PROJECT:

These courses will be started during one of the following semesters with the understanding that all coursework will be completed by the end of that semester and grades submitted accordingly.

An Honours program running September to April is strongly recommended.

Sep – Dec	Year: _____	499A	499B
Jan – Apr	Year: _____	499A	499B
May – Aug	Year: _____	499A	499B

Supervisor's name: _____

Supervisor's signature: _____ Date approved: _____

Honours Advisor's signature: _____ Date approved: _____

I have read the Honours Program Guidelines, and, by signing this form, I agree to the conditions therein. I agree that I will be available for the scheduled in-person weekly meetings for these courses.

Student's signature: _____ Date: _____

