



WEST LIBERTY UNIVERSITY

HONORS RESEARCH PROJECT AGREEMENT

Student Name _____

1) RESEARCH PROJECT PROPOSAL APPROVAL:

Project Title _____

Student Signature *Date*

Faculty Advisor Signature *Date*

Honors Research Coordinator Signature *Date*

2) COMPLETION OF HONORS 498:

Honors Research Coordinator Signature *Date*

3) SATISFACTORY COMPLETION OF THE HONORS RESEARCH PROJECT:

Faculty Advisor Signature *Date*

Honors Research Coordinator Signature *Date*

4) SUBMISSION OF THE HONORS RESEARCH PROJECT:

Honors College Dean Signature *Date*