GAYLE MORRIS SWEETLAND CENTER FOR WRITING
UNIVERSITY OF MICHIGAN

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HONORS THESIS INTENT FORM
FOR THE UPPER-LEVEL WRITING REQUIREMENT

_____ _____-_____
Student Name (Please Print) UM ID # Email Address

_____/_____/_____/_____
Subject (e.g., MCDB) Catalog Nbr.(e.g., 400) Semester Course Selected Major (plan)

_____ Writing Thesis W/O Concurrent Enrollment in a Course _____Planned Semester for Thesis Completion

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To the Student:
By completing this form you are notifying the Sweetland Center for Writing and the Honors Program of your intent to use your Honor's thesis to fulfill the Upper-Level Writing Requirement (ULWR). You and your thesis advisor have read the guidelines below and your advisor has agreed to supervise your work accordingly.

Guidelines:
1. The student must turn in a thesis proposal of at least 3-4 pages, outlining the thesis topic, the methodology to be followed, and a brief bibliography.
2. The student must submit draft thesis chapters or sections to his or her advisor throughout the writing process.
3. The advisor must comment upon the thesis drafts in detail, providing feedback on both the content and the writing.
4. The student must submit a final typed copy of the thesis to his or her advisor, re-drafted in light of the advisor's comments on the rough drafts.
5. In all, the student must turn in a polished, closely edited, final.

The purpose of these guidelines is to ensure that students receive feedback from their advisors throughout the thesis writing process. The advisor must be involved in the development of the thesis from the proposal to its final polished form. If a student does not meet with his or her thesis advisor on a regular basis to discuss drafts, receive feedback on both content and writing, and revise the drafts, the thesis cannot be used to satisfy the ULWR.

To the Thesis Advisor:
By signing this form you are agreeing to follow the guidelines above and to **not** give ULWR credit to a student who has not followed this process.

_____ _____
Thesis Advisor (Please Print) Thesis Advisor's Email Address

_____ _____
Thesis Advisor's Department Thesis Advisor's Title

_____
Thesis Advisor's Signature

Return this form to: honors.auditor@umich.edu

Office use only:

_____ _____
Honors Program Endorsement/Date SWC Endorsement/Date

2/8/21