

MICHIGAN STATE UNIVERSITY

Department of History

Application for HST 499H

ALL ITEMS MUST BE COMPLETED BEFORE APPROVAL SIGNATURES ARE OBTAINED

NAME: _____ DATE: _____ PID: _____
Last First MI

SEMESTERS ENROLLED: _____ and _____

1. DESCRIPTION (Subject matter, purpose, methods)

2. PREPARATION: (Relevant course work, reading, work experience, etc).

3. WORK TO BE COMPLETED

(a) Primary sources, major thesis

(b) Estimated contact hours per week with instructor _____

(c) Deadline for submitting work for final evaluation _____

(d) Evaluation procedure: _____

STUDENT'S SIGNATURE: _____ PHONE: _____

APPROVALS

Instructor Date

Honors Advisor Date