The DNS HONORS PROGRAM
Faculty Advisor Agreement Form

IMPORTANT NOTES:

1. This form is to be filled out only by the Honors thesis advisor.
2. Digital copies of this form must be emailed to Dr. Julia Felice by the Honors thesis advisor directly (julia.felice@cornell.edu). Paper copies of this form must include physical (i.e. not digital) initials and signature.
3. This form is one of three components of a student’s application to the DNS Honors Program, and is due on the same deadline as the student’s application form and project abstract. Applications will not be considered until all materials have been submitted.

Honors Program Applicant:

Honors Thesis Advisor:
Email: @cornell.edu Phone: Campus address:

As an HONORS THESIS ADVISOR, I agree to (initial each item):
Review, provide feedback on, and sign my honors student’s proposal abstract (due at the beginning of the second semester junior year)
Review, provide feedback on, and sign my honors student’s progress report (due at the beginning of first semester senior year)
Review, provide feedback on, and sign my honors student’s abstract and literature review (due at the beginning of the last semester)
Review, provide feedback on, and sign my honors student’s full thesis (due middle of last semester)
Assist my honors student in responding to reader’s required revisions for the final honors thesis
Serve as a reader for 1 to 2 other Honors theses, if needed

Please read and initial the following statements:
I have read the DNS Honors Program information, including its requirements and deadlines, and I agree to serve as supervisor for this student’s honors project.
I believe that my honors student will have enough data to write a 20-30 page honors thesis. I am aware that any Honors student may be removed from the program at any time, if the Honors Program Director deems that inadequate work has been submitted, or if deadlines are not met.

Name two faculty members who could review the thesis of this Honors student—preferably DNS faculty members, but faculty in other departments may also be named if needed.
1. Name Department
2. Name Department

Honors Thesis Advisor signature:
Date: