

**2018-2019 Honors Program Senior Thesis
Contract and Checklist
Faculty Reader Section**

Name of Student: _____

Name of Faculty Reader (printed): _____

Department: _____

- ☐ I have read the student's proposal and approve of the topic and scope of the project.
- ☐ I agree to read a "near-final" draft of the project submitted no later than Monday of week 9 of the Thesis Completion Quarter.
- ☐ I agree to make timely revision recommendations to the student after reviewing the draft.
- ☐ I agree to read the final draft of the project and view the visual element.
- ☐ I agree to confer with the Thesis Director on the final project evaluation and make recommendations as indicated.

I am a ☐ full-time or ☐ part-time faculty member at DePaul University.

Faculty Reader Signature: _____ **Date:** _____