Emory University
Department of Women’s, Gender and Sexuality Studies

HONORS THESIS COMMITTEE CONFIRMATION

Submission Deadline: ___November 1____

NAME _____________________________________________________________________

STUDENT ID # ______________________________________________________________

EMAIL ______________________________________________

PHONE  _____________________________________________

OTHER MAJOR or MINOR ____________________________________________________

TITLE OF PROJECT _________________________________________________________

____________________________________________________________________________

THESIS COMMITTEE MEMBERS:

1) Advisor (must be WGS Core or Associated)

___________________________________________________________________________________________

Name Department

2) Member #2 (must be WGS Core or Associated)

___________________________________________________________________________________________

Name Department

3) Member #3 (can be WGS Core, Associated, or any non-WGS faculty, but only 2 Core WGS faculty are allowed in total):

___________________________________________________________________________________________

Name Department

The Honors Thesis Committee named above has been approved by:

_____________________________________________________________________________

Signature of Honors Advisor Date

_____________________________________________________________________________

Signature of Student Date