CARLETON UNIVERSITY
INSTITUTE OF INTERDISCIPLINARY STUDIES (I.I.S.)

HONOURS PROJECT CONTRACT – DIST 4908

Name ___________________________ Student Number _____________________

Tentative Topic

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Supervision agreed to by: ____________________________

Signature of Faculty Member*

Date: ____________________

Approved by: ____________________________________________

__________________________________________

Signature of DIS Coordinator

Date: ____________________

Students are required to complete this form and obtain the signature of their project supervisor. The form should be returned to the Administrator in I.I.S, Dunton Tower 2202, by 30 June for the Summer session or 31 October for the Fall/Winter session.

Note: REGISTRATION THROUGH CARLETON CENTRAL IS MANDATORY
This form should not be submitted unless you are formally registered in DIST 4908