



**HONOURS THESIS ADVISOR AGREEMENT FORM**  
**DEPARTMENT OF SOCIOLOGY**

Name of Student: \_\_\_\_\_

Signature of Student: \_\_\_\_\_

Name of Advisor: \_\_\_\_\_

Signature of Advisor: \_\_\_\_\_

Date: \_\_\_\_\_

Name of Second Reader: \_\_\_\_\_

Signature of Second Reader: \_\_\_\_\_

Date: \_\_\_\_\_

Working title of thesis: \_\_\_\_\_

\_\_\_\_\_

Conditions of agreement (if any):