

BIOL 449 – HONOURS THESIS REGISTRATION FORM

Name: _____ Student #: _____ Phone #: _____

Academic Session: _____ UBC E-mail: _____ Date: _____

Honours Program Option:

- | | |
|--|--|
| <input type="checkbox"/> Honours Biology | <input type="checkbox"/> Marine Biology |
| <input type="checkbox"/> Cell & Developmental Biology | <input type="checkbox"/> Plant Biology |
| <input type="checkbox"/> Conservation Biology | <input type="checkbox"/> Combined Biology & Chemistry |
| <input type="checkbox"/> Ecology and Environmental Biology | <input type="checkbox"/> Combined Biology & Computer Science |
| <input type="checkbox"/> Evolutionary Biology | <input type="checkbox"/> Combined Biology & Oceanography |
| <input type="checkbox"/> Animal Biology | Integrated Sciences |

Summary of proposed project:

Dear Honours supervisor,

Thank you for taking on an Honours student. This is a great opportunity for our students and we want to ensure they are getting the most out of this experience. Below are three statements we would like you to read and agree to in your role as an Honours thesis supervisor.

- As the thesis supervisor, I am aware that an honours project should provide the student with an opportunity to carry out evidence-based, hypothesis-driven research. I will endeavour to work with the student to help them to craft hypotheses, and to design appropriate experiments, and will provide the necessary human and material resources so that their research can be completed in a timely manner.

BIOL 449 – HONOURS THESIS REGISTRATION FORM

- As the thesis supervisor, I acknowledge that I am responsible for meeting regularly (e.g., every other week or so) with the student to plan and assess progress on their project.
- As the thesis supervisor, I acknowledge that final version of thesis writing and defence preparation intensifies in the March/April period and that I will be available to mentor the student during this time. This includes providing one or more reviews of a draft thesis in a timely fashion before it is distributed to the rest of the thesis exam committee.
- Will the supervisor be on sabbatical? Yes or No

By signing this document, you are acknowledging that you are on board with these supervisory role expectations.

Supervisor Approval:

Name: _____ Dept: _____ Phone: _____
Signature: _____ E-mail: _____

Biology Program Approval:

Signature: _____ Date: _____
Pamela Kalas, Associate Head of Biology

Completed form must be returned to Biology Program Office prior to end of Drop/Add period.