**HONR4001 Honours Project**

**Title and Progress Timeline Submission Form**

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| **Student Information** |
| Name: |  | Section No.: |  |
| Student No.: |  | Academic Year: | 20 /20 |
| Faculty: |  | Major: |  |
| Contact No.: |  | Email Address: |  |

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| **Project Title**  |
| Name of Advisor: |  |
| Name of Co-advisor (if applicable): |  |
| Project Title: |  |
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\* Students are responsible to inform the HC General Office for any changes on the Project title.

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| **Progress Timeline –** *This is a preliminary schedule to simply describe your project planning. It is not necessary to write exact date of each action.* |
| **Time Period** | **Action** |
|  |  |

**Signature:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Student

Date:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Advisor Co-advisor (if applicable)

Date: Date:

|  |
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| **For Office Use Only** |
| Endorsed by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_HC Faculty CoordinatorDate: | Endorsed by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_HC Programme CoordinatorDate: |
| Received by (staff): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |