Spring of Junior Year  
Art History Program: Request to Undertake a Senior Thesis

Please complete and sign this form, and attach the required paragraph description(s) of proposed project(s) to it. Submit the completed application to Esther Moran in the program office (Boger Hall, rm. 318, 41 Wyllys Avenue) by 4:00 p.m. on Tuesday, February 15, 2022, for approval by the Art History Program Director. Your receipt of a copy of this form with the program director’s signature constitutes formal approval of your project.

Name: ________________________________ Date: __________________

E-mail: _____________________@wesleyan.edu WesBox: ___________ Cell #: ______________

Major Advisor’s Name: __________________________________________

Current GPA for courses in major: __________

(Check one) ☐ I have ☐ I have not: completed Stage II GenEd expectations. If you have not yet completed the GenEd expectations, indicate on the back of this form which courses you plan to take, and when, to complete Stage II expectations.

(Check one) ☐ I have ☐ I have not: completed the ARHA language requirement. If you have not yet completed the language requirement, please indicate how you plan to fulfill the requirement.

Please attach the following:

- A brief description of up to three possible topics (1 paragraph each)
- A list of up to three possible advisors who have indicated a preliminary willingness and availability to serve as tutors. Students are expected to have taken at least one course with any requested faculty tutors. A preliminary agreement to serve as tutor is not a guarantee.
- Relevant coursework related to the research topics
- A printout of your Wesleyan Academic History

I have read the document “Honors in Art History” and understand the regulations and procedures outlined there. I agree that I will inform the Art History Program director of any substantial changes to the agreement recorded here, such as change of faculty tutor, change in the subject, or change in the scope of the thesis.

Student Signature __________________________________________ Date __________

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Approved by: ____________________________

ARHA Program Director Signature ________________ Date ________________