

HONORS PROGRAM THESIS APPROVAL FORM

Student Name: _____

USF ID: _____

I plan to graduate (*Month/Year*): _____

All thesis defenses will take place on or before the last day of the semester (Friday prior to final exam week).

1. Title of thesis: _____

2. Thesis approved (following presentation/defense):

_____/_____
Thesis Director - Print & Sign Date

_____/_____
Committee Member - Print & Sign Date

_____/_____
Committee Member - Print & Sign Date

_____/_____
Director of Honors Program - Print & Sign Date

3. Grade: _____

A = Superior

B = Excellent

C = Passing but NOT Honors

D or F = Unacceptable

4. Acknowledgment of receipt of thesis in final form

_____/_____
Thesis Director (for entire Committee) Date

5. Copies submitted to Honors Program: _____

Date