



Thesis Submission Approval Form

Student Name: _____ ID: _____
(Last) (First) (Middle)

Major(s): _____ Degree(s) (HBA, HBFA, HBS): _____

Thesis Title: _____

Thesis Defense Date: _____

A signature below certifies a completed defense and acceptable thesis for submission has been received:

Thesis Mentor Name: _____

Approval Signature: _____ Date _____

Committee Member Name: _____

Approval Signature: _____

Committee Member Name: _____

Approval Signature: _____

Committee Member Name (optional): _____

Approval Signature: _____

Dean of the Honors College: Toni Doolen (signature will be obtained by Honors College Advising Coordinator)

Signature: _____

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Review and Acceptance of Thesis:

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