

THE HONORS COLLEGE

THESIS APPROVAL

Instructions: Students must **deliver** a signed copy of this form to the Honors College, ADM 241 and **email** a copy of their completed thesis to hon-scanning@usf.edu

Student Name _____ USF ID _____

I plan to graduate (Month/Year) _____

All Thesis presentations must take place 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

_____/_____
Dean of Honors College - Print & Sign Date

3. Is this a 6 or 9 credit hour thesis? _____

4. Estimated Word Count (including Prospectus, Submitted Drafts, and Final Thesis): _____

5. Grade: _____

A = Superior

B = Excellent

C = Passing but NOT Honors

D or F = Unacceptable

6. ☐ Check this box if you do **NOT** wish your Thesis to be showcased on the Honors College website.

7. Acknowledgment of receipt of Thesis in final form.

_____/_____
Thesis Director (for entire Committee) Date

8. Completed Thesis Approval Form submitted to Honors College: _____
Date

9. One electronic copy emailed to hon-scanning@usf.edu: _____
Date