Honors Thesis Card

(Department/Program of ______________________________________)

Thesis Student: _____________________________________________

Honors Thesis Adviser (1st Reader): ____________________________
(Required)

Signature of Thesis Adviser ________________________________

Second Reader: ______________________________________________
(Required; may be chosen outside of the Department or Program)

Signature of 2nd Reader ________________________________

Third Reader: _____________________________________________
(Optional; may be chosen outside of the Department or Program)

Signature of 3rd Reader ________________________________

Tentative Title of Thesis: ________________________________

_______________________________
Student ID# __________________________

Box # ________________________________

___________________ __________________
Signature of Student Date

Instructions: The original should be delivered to the Office of the Registrar. Copies may be made for the department and adviser.