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? ______


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