

Departmental Thesis Form

Please complete this form if you are planning to substitute another Honors Thesis Course for the Plan II Honors Thesis Course (T C 660H)

Student: _____ UTEID: _____

Email: _____ Phone: _____

DUE: FOURTH CLASS DAY OF THE FIRST SEMESTER YOU REGISTER FOR A DEPARTMENTAL THESIS COURSE.

Semester you plan to begin your thesis: ___ fall ___ spring ___ summer 20___

Semester you plan to graduate? ___ fall ___ spring ___ summer 20___

Department in which you are seeking honors: _____

TITLE OF THESIS:

Faculty member supervising your thesis:

Name: _____

Department: _____ Mail Code: _____

Email: _____ Phone: _____

ATTACH A *TYPED* PARAGRAPH EXPLAINING OR SUMMARIZING YOUR TOPIC. ALSO ATTACH AN UP-TO-DATE RESUME FOR AWARD CONSIDERATIONS.

I understand that I must participate in the Plan II senior thesis symposium during the semester I complete my thesis and that I must submit a bound copy of my thesis to the Plan II office before I can graduate. I have carefully read the thesis manual. I understand that I will not be certified to graduate in Plan II until I have satisfied these requirements. I also understand that I may use this thesis to satisfy the honors requirement of one department only.

INITIALS OF STUDENT _____