Thesis/Thesis Option

PART I: To Be Filled Out By the Candidate by September 4th and a copy turned in to GL 207.
Please schedule defense no later than October 15th

_________________________________________________________________
Student Name
_________________________________________________________________

Title (or proposed title) of Thesis/Thesis Option

Advisor: ________________________________
Reader: _______________________________

Date and time of Defense: ____________________________________________

PART II: To Be Filled Out By The Advisor After The Defense:

In consultation with the reader, please write a brief paragraph describing the student’s performance. Signatures from the Reader and the Advisor (below) indicate that the student successfully defended his or her thesis.

____________________________________
Advisor

____________________________________
Reader