

# Thesis/Thesis Option

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

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Student Name

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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.

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Advisor

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Reader