

Honors Thesis Submission Form

(For Office Use Only)

Major: _____

Designation: _____

Graduation Term: _____

Name _____ UF ID _____

Thesis Title _____

Date _____ Length _____ pages

Bibliography Yes No Illustrated Yes No

College _____

Thesis Advisor _____

Advisor's Department _____

Is your thesis or any part being submitted for publication? Yes No

If any part has been submitted for publication, please indicate where: _____

Keywords (provide five key words) _____

Abstract (100-200 Words)

I authorize my department and/or college to share my thesis with interested parties. Yes No

Student Signature _____

Thesis Advisor Signature _____

Departmental Honors Coordinator Signature _____