

Honors Thesis Proposal Cover Page

Date: _____

Name: _____

UFID Number: _____

Email: _____

Expected Graduation Term: _____
(Spring, Summer, Fall/Year)

Thesis Title: _____

Thesis Advisor: _____

Advisor's Email: _____

Advisor's Department: _____

Student Signature: _____

Thesis Advisor Signature: _____

Departmental Honors Coordinator Signature: _____

Submit the Honors Thesis Proposal to
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Gainesville, FL 32611-0270
(352) 392-1963
Email : CALS-Honors@ifas.ufl.edu