

# 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 : [brannanm@ufl.edu](mailto:brannanm@ufl.edu)