CALS Honors Thesis Submission Form

Name: _____ UFID: _____

Additional Authors: _____

Email: _____ Major: _____

Advisor Name: _____

Advisor Department: _____

Advisor Email _____

Thesis Title: _____
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Abstract (200 words)

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Student Signature/Date _____

Thesis Advisor Signature/Date _____

Honors Coordinator Signature/Date _____

Dean's Office Signature/Date _____

Submit this form to the CALS Dean's office: 2020 McCarty Hall D or email to brannanm@ufl.edu