

CALS Honors Thesis Proposal Form

Semester/year you plan to graduate/submit your thesis		Semester: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer	
		Year:	
Student Name:		UFID#:	
UF E-mail Address:	@ufl.edu		
List research course/s and # of research credits (if appropriate):	1st Semester:	2nd Semester:	Additional Semesters:
YOUR FACULTY RESEARCH ADVISOR			
Faculty Name:		Department:	
UF E-mail Address:	@ufl.edu	Phone #:	

Thesis Advisor's Signature and Date _____

Departmental Honors Coordinator's
Signature and Date

Thesis Title

Literature Review & Justification

Research Objective, Anticipated Results:

Methodology, Timeline, & Analysis Plan