

# CLAS 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:
<b>YOUR FACULTY RESEARCH ADVISOR</b>			
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**