

HONORS THESIS SUBMISSION 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:		# credits for which you are registered:	
YOUR FACULTY RESEARCH ADVISOR			
Faculty Name:		Department:	
UF E-mail Address:	@ufl.edu	Phone #:	
THESIS ADVISOR'S STATEMENT As advisor for the above student's Biology Major Honors thesis, it is your responsibility to make sure the student performs or contributes to all reported work on the project in this thesis.			

Thesis Advisor's Signature and Date _____

Undergraduate Coordinator's Signature and Date _____

Biology Major Executive Committee Review _____

INSTRUCTIONS: It is the student's responsibility to ensure that the signed form arrives in the Biology Major Office before the end of the fifth week of the semester in which the student has indicated they are graduating. Please email the signed form to biology-major@ufl.edu in PDF format.

OFFICE USE ONLY

Date/Time turned in to office: _____
 Registered by: _____

Section registered for: _____
 Date: _____