

# CLAS 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:		research credits for which you are registered:	
<b>YOUR FACULTY RESEARCH ADVISOR</b>			
Faculty Name:		Department:	
UF E-mail Address:	@ufl.edu	Phone #:	
<b>THESIS ADVISOR'S STATEMENT and ABSTRACT</b> 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. <b>Abstract (200 word max below)</b>			

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](mailto:biology-major@ufl.edu) in PDF format.

**OFFICE USE ONLY**

Date/Time turned in to office: \_\_\_\_\_  
 Registered by: \_\_\_\_\_

Section registered for: \_\_\_\_\_  
 Date: \_\_\_\_\_