Thesis/Project Submission Information Form

Please print the following information as clearly as possible.

DateSubmittedtoThesis Office: _____

Name: _____

Address: _____

City/State: _____   Zip Code: _____

Phone(Home): _____   (Cell): _____

NetID: _____   Horizon Email: _____

GraduateDegreeProgram: _____

Semester YouPlantoGraduate: _____

Course/Units: Ex. BIOL 691/4 _____

ThesisTitle : _____

_____

Stylebook Guidelines Used (e.g. MLA, APA, etc.): _____

Thesis Committee (First and Last Name of Each Committee Member), or
Project Committee or Project Advisor for Projects (First and Last Name):

1. (Chair)

2. _____

3. _____

Date Institutional Review Board (IRB) Approval Obtained
(Mandatory if Research with Human Subjects is Involved): _____

_____ (Student's signature)

For office use only: