THESIS SUBMISSION FORM
This form must be returned to the Honors Advisement Center by a member of the committee after the defense or mail it via campus mail; it should not be given to the student.

Student Information
Name __________________________________________ Date ______________________
BYU Net ID __________________________ Semester of Graduation ______________________
Major(s) __________________________________________________________________________
Minor(s) __________________________________________________________________________

Thesis or Creative Project Title
(Title submitted on this form will be printed on the Commencement program and bound thesis.)
____________________________________________________________________________________
____________________________________________________________________________________

Approximate hours spent on thesis: Research __________________________
Writing __________________________
(Optional) The thesis or creative project will be submitted to the following for publication:
____________________________________________________________________________________

For Committee Use Only—to be completed at the thesis defense
Actual Date of Thesis Defense __________________________ Place __________________________ Time __________________________
Recommendation of Committee ☐ Pass ☐ Pass with Qualification ☐ Recess

Use additional space on back of form to cite anything noteworthy about the thesis, or to outline qualification agreements to be completed before thesis defense is considered passed. Do not return this form to the Honor's office until student has passed and completed all agreed upon qualifications.

Committee Signatures:
Faculty Advisor __________________________ Date __________________________
Faculty Reader __________________________
Honors Coordinator __________________________

350 MSRB Provo, Utah 84602  801.422.5497  honors@byu.edu  http://honors.byu.edu
Defense Comments


Qualification Agreements


Completion of Qualifications

☐ Student has completed all agreed upon qualifications

Faculty Advisor’s Signature  ________________________________

This form must be returned to 350 MSRB by the deadline; it should not be given to the student.

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<th>December Graduation</th>
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