



THESIS SUBMISSION FORM

This form must be returned to the Honors Advisement Center (MSRB 102) by a member of the committee or via campus mail after the defense or after qualifications have been completed. (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 convocation programs)

(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 _____

Decision of Committee Pass Pass with Qualification Recess

Defense Comments

Committee Signatures:

Faculty Advisor _____ Date _____

Advisor Research Account number (for advisor grant) _____

Faculty Reader _____ Date _____

Honors Coordinator _____ Date _____

In the rare instance when a thesis committee member participates in a thesis defense remotely, the Honors Program will accept an email approvals (in lieu of handwritten signatures from thesis committee members only if the email is sent directly to Honors Program personnel (vika_filimoeatu@byu.edu, julie_radle@byu.edu, honors@byu.edu) with the subject line includes the student's full name (First and Last) and preferably Net ID, and the body with language to the effect that: "I participated in (student's name) thesis defense and hereby agree with the decision of the committee to (pass/pass with qualifications/recess). Approvals must not be forwarded by the student.

Qualification Agreements (if there's any)

Completion of Qualifications

Student has completed all agreed upon qualifications

Faculty Advisor's Signature: _____ Date: _____

This form must be returned to the Honors Advisement Center, 102 MSRB or honors@byu.edu by the deadline.