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)

______________________________________________________________________________________________

______________________________________________________________________________________________

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 __________________

Decision of Committee

☐ Pass    ☐ Pass with Qualification    ☐ Recess

Defense Comments

______________________________________________________________________________________________

______________________________________________________________________________________________

______________________________________________________________________________________________

______________________________________________________________________________________________
Committee Signatures:

Faculty Advisor ____________________________________________ Date _______________________________

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, by the deadline.