Thesis/Project Submission Information Form

Please print the following information as clearly as possible.

Date Submitted to Thesis Office:	
Name:	
Address:	
City/State:	Zip Code:
Phone (Home):	(Cell):
NetID:	Horizon Email:
Graduate Degree Program:	
Semester You Plan to Graduate:	
Thesis/Project Course/Units:	
Thesis Title :	
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):	
My signature confirms that the Thesis/Project I am submitting for format review and/or archiving is the final and committee/advisor approved version of my Thesis/Project:	
	(Student's signature)
For office use only:	