

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: _____

Course/Units: Ex. BIOL 691/5 _____

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. _____

4. (Optional) _____

Date Institutional Review Board (IRB) Approval Obtained _____

(Mandatory if Research with Human Subjects is
Involved): _____

(Student's signature)

For office use only: