Registration for 679HB – Two Semester Thesis
Second Semester Form
Due on the first day of classes

Student:_________________________ UTEID:___________ Major:_________________________
Address:________________________________________ Phone:_________________________
Email:_________________________________________ Phone:_________________________

Semester of 679HB registration: Fall ___ Spring ___ Summer ___ Year __________
When do you plan to graduate? Fall ___ Spring ___ Summer ___ Year __________
List any second major or degree: ________________________________________________

Thesis Topic and Title: __________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Signatures

I have spoken with this student and agree to supervise his/her honors thesis, attend the Honors Thesis Symposium, conduct an oral exam, and assist with the completion of the thesis.

Name:_________________________________________ UTEID:_________________________
Department:_________________________________ Mail Code:_______________________
Email:_______________________________________ Phone:_________________________
Supervisor’s Signature:_________________________ Date:________________________

I have spoken with this student and agree to be the second reader for his/her honors thesis.

Name:_________________________________________ UTEID:_________________________
Department:_________________________________ Mail Code:_______________________
Email:_______________________________________ Phone:_________________________
Second Reader’s Signature:_______________________ Date:________________________

The thesis topic has been approved and this student may now be cleared for registration in 679HB.

Coordinator’s Signature:________________________ Date:________________________