FLORIDA STATE UNIVERSITY HONORS PROGRAM

Honors in the Major
Defense Certificate

Student Information

Name:_____
(Last) (First) (MI)

FSU Email:_____ Department:_____

Graduation Term/Year:_____

Thesis Title:_____

_____

By signing below, I confirm that I have followed all procedures and guidelines regarding successful completion and submission of my honors thesis, and have completed all requirements for graduation with honors in my major.

Student Signature:_____ Date:_____

Defense Committee Approval: By signing below, the Defense Committee confirms its approval of this thesis and its defense, and that any departmental requirements beyond those of the FSU Honors office have been met.

Thesis Director:_____ _____ _____
Full Name Department Signature

2nd Member:_____ _____ _____
Full Name Department Signature

Outside Member:_____ _____ _____
Full Name Department Signature

Optional 4th:_____ _____ _____
Full Name Dept. Signature

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