FLORIDA STATE UNIVERSITY HONORS PROGRAM

Honors in the Major
Defense Announcement

Student Information

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

FSU Email:_____ Department:_____

Graduation Term/Year:_____

Thesis Title:_____

_____

Defense Information

Date: _____/_____/_____ Time: _____ Location: _____

Defense Committee Approval: By signing below, the Defense Committee confirms its commitment to the above stated defense date, time, and location.

Thesis Director:_____ _____ _____
Full Name Department Signature

2nd Member:_____ _____ _____
Full Name Department Signature

Outside Member:_____ _____ _____
Full Name Department Signature

Optional 4th:_____ _____ _____
Full Name Department Signature

OFFICE USE ONLY: Recorded_____ Reg. List_____