



## 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: \_\_\_\_\_

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

Thesis Director: \_\_\_\_\_  
Full Name Dept. Signature

2<sup>nd</sup> Member: \_\_\_\_\_  
Full Name Dept. Signature

Outside Member: \_\_\_\_\_  
Full Name Dept. Signature

Optional 4th: \_\_\_\_\_  
Full Name Dept. Signature

OFFICE USE ONLY Recorded \_\_\_\_\_ Reg. List \_\_\_\_\_