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: _____

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

2nd Member: _____ _____ _____
Full Name Dept. Signature

Outside Member: _____ _____ _____
Full Name Dept. Signature

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