



Honors Program

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Honors Scholar Thesis Approval

May Grads, Due: Last day of spring classes
August Grads, Due: Last day of summer classes
December, Due: Last day of fall classes

Student Personal & Academic Data *(Please type or print neatly.)*

Name _____ Student Admin # _____
Address _____ Phone _____
School/College _____ Honors Major _____
Graduation Mo/Yr: May Aug. Dec. 20__

Thesis Title

Thesis Advisor: (required)

By signing this form, I verify that I have read and approve this Honors Scholar thesis.

Advisor Name _____ Department _____
Email _____ U-Box _____ Phone _____
Signature _____ Date _____

Honors Advisor - Honors Scholar Thesis Approval and Departmental Confirmation: (required)

By signing this form, I verify that I have read and approve this Honors Scholar thesis and have also verified the completion of any additional/specific requirements for Honors Scholar graduation set by our Department. The Department recommends that the student named above be awarded the Honors Scholar designation at graduation upon completion of the University-wide Honors Scholar credit and grade point average requirements.

Advisor Name _____ Department _____
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Signature _____ Date _____

A hard copy of the approved Honors thesis **must** be submitted to the Honors Program Office **with this signed form** prior to consideration for graduation as an Honors Scholar. An electronic copy may also be sent to honors@uconn.edu for consideration for submission to Digital Commons.

Honors Scholar THESIS APPROVAL