Preliminary Thesis Approval Form for Magna and Summa Honors
Department of Microbiology and Cell Science

CLAS and CALS students please use this form to submit to the Department Honors Committee for the initial review of your research project.

Name ____________________________________________   UFID _______________________
College _______ Liberal Arts and Sciences   DATE ______________________
________ Agricultural and Life Sciences  Class Standing ( 1-2-3 or 4) _________
UF Email Address ___________________________________ Phone _____________________
Semester of Graduation ______________________________ Year _____________
Honors Designation (Magna 3.75 or Summa 3.85) ______________________________________
Semester you plan to write your thesis _______________________________________________

Please complete this information below with your project advisor to the best of your ability.

Thesis Title ______________________________________ ____________________________________
Thesis Advisor _______________________   Advisor’s Department ______________________________
Advisor’s email _______________________________ Phone _________________________________

Abstract (100-200) TYPED words – Please use the back of the form to print your abstract or attach the abstract. If attaching please be sure to include your name and UFID on the attached page.

Thesis Advisor’s Signature ________________________ _______________________________________
(This signature verifies that the thesis advisor has read and approved the abstract.)

For Department Use Only:  Microbiology Committee Approval and Signatures

Abstract reviewed by _______________________________ Date _____________
Approved ________ Denied ________ Returned for re-write _____________
Comments

Thesis Committee Member Assigned to student ________________________________