Honors Thesis Submission Form

(For Office Use Only)

Major: _____
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Graduation Term: _____

Name_____ UF ID _____

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_____

Date _____ Length _____ pages

Bibliography ☐ Yes ☐ No Illustrated ☐ Yes ☐ No

College _____

Thesis Advisor _____

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Is your thesis or any part being submitted for publication? ☐ Yes ☐ No

If any part has been submitted for publication, please indicate where: _____

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Keywords (provide five key words) _____

_____

Abstract (100-200 Words)

I authorize my department and/or college to share my thesis with interested parties. ☐ *Yes* ☐ *No*

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