

COMMITTEE ACCEPTANCE FORM  
Departmental Honors

Name: \_\_\_\_\_

Email address: \_\_\_\_\_

Box: \_\_\_\_\_ Cell phone #: \_\_\_\_\_

Department of Candidacy: \_\_\_\_\_

Title of Thesis: \_\_\_\_\_

\_\_\_\_\_

Names of your committee members:

**Please Print Professors Name**

Director of Thesis:

\_\_\_\_\_

Additional Member of Department:

\_\_\_\_\_

Outside:

\_\_\_\_\_

SIGNATURES OF COMMITTEE MEMBERS:

Director of Thesis:

\_\_\_\_\_

Additional Member of Department:

\_\_\_\_\_

Outside:

\_\_\_\_\_

ANTICIPATED COMPLETION DATE: \_\_\_\_\_

Please return to Wendy Wilson (Suite 61626) by **SEPTEMBER 20, 2019**