University Honors Program Etscorn Honors Center University of Louisville (502) 852-6293

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SENIOR HONORS THESIS EVALUATION FORM

Student Name:	Major:
Student ID Number:	Date:
Project Title:	
Faculty Supervisor of Senior Honors Thesis	s:
The oral defense of this project before the c	committee named below was completed on:
Decision: Passed N	Not passed Provisional Pass
Comments (please indicate whether or not t	the student has been asked to make revisions):
Defense committee:	
Faculty Supervisor	
Senior Honors Thesis Committee Member	 ,
Third Reader	
the faculty supervisor who must then certify student's name will <u>not</u> be submitted to the	ent must complete the necessary revisions and resubmit the thesis to y that the thesis meets the requirements of the examining committee. A Arts and Sciences Dean's Office as a candidate for graduation <i>magna</i> s has been received at the Etscorn Honors Center.
Revisions have been completed	
Project Supervisor	 Date