Student Information:

Name: (print clearly) ____________________________________________
(last) (first) (mi)

ID: ___________ - ___________ - ___________

Thesis Title: (no more than 90 characters) _____________________________________________
_______________________________________________________________________________
_______________________________________________________________________________

Expected Graduation Date: Month _________ Year _________ Today’s Date ______/_____/______

Print name of Thesis Supervisor _____________________________________________________

Leave above space for official stamp

Supervisor’s Evaluation (fill out this section completely, please.)

Enter the thesis grade.

☐

Please provide the student with written or oral feedback on the thesis project. ________________
_______________________________________________________________________________
_______________________________________________________________________________

Thesis Supervisor’s Name: (print clearly) ________________________________________________

Thesis Supervisor’s Signature: ___________________________ Date: _____________