

THE UNIVERSITY OF TENNESSEE AT CHATTANOOGA
HONORS COLLEGE THESIS RECOMMENDATION FORM

Name: _____ UTC ID: _____

Date of Graduation: _____ Major: _____

Phone Number: _____ E-mail: _____

Thesis Title: _____

The candidate named above has completed two semesters (4 credit hours) of Thesis work (UHON 4995), submitted an acceptable thesis to an examining committee, passed an oral examination administered by that committee, and completed any required revisions to the thesis.

Examination Date: _____

Please note: this form carries a recommendation only. Final conferral of Honors requires the candidate (1) to have a minimum cumulative GPA of 3.2 and (2) to submit an acceptably formatted digital copy of the thesis to the Honors College (see the Departmental Honors Manual for full instructions).

	Typed Name	Signature
Thesis Director:	_____	_____
Additional Examiner:	_____	_____
Additional Examiner: (if more than one)	_____	_____
Honors College Associate Dean:	_____	_____

Please submit a digital copy of this signed form to the Honors College via email to dhon@utc.edu