



# HON 4999

## Honors Thesis Defense

(one credit)

**Date:**

**Student Information:**

**Student Name:**

**Student Number:**

**Local Phone:**

**Email:**

**Degree-granting College(s):**

**Major(s):**

**Anticipated Date of Graduation:**

**Minor:**

**Thesis Title:**

**Defense Date:**

**Time:**

**Room:**

**Approval - The Above Thesis Is Ready to be Orally Defended:**

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Name of Primary Director

Title

Department

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Signature

Date

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Signature of The Director of the Honors Program at UDM

Date

**IMPORTANT NOTE TO THE HONORS STUDENT:**

*You must submit the original of this Form and a copy of all Honors Thesis Defense Approval materials to the Honors Director.*

*You must attach a copy of all Honors Thesis Approval materials (including a copy of this Form) to a completed Directed Reading or Independent Study form from your college and register for HON 4999 no later than the date listed as the last day to add a class according to the University's academic calendar, **in the term the defense is to take place.***