

Dale Bumpers College of Agricultural, Food and Life Sciences

Honors Candidate Thesis Oral Defense Evaluation

Name: _____ ID Number: _____

Address: _____ Email: _____

_____ Defense Date: _____

Complete Title of Honors Thesis: _____

Honors Thesis Committee¹
(Minimum of Three Required)

		Pass/Fail
_____ Honors Thesis Director	_____ signature	_____
_____ Honors Thesis Committee Member	_____ signature	_____
_____ Honors Thesis Committee Member	_____ signature	_____
_____ Honors Thesis Committee Member	_____ signature	_____
_____ Honors Thesis Committee Member	_____ signature	_____

¹Place an asterisk beside the name of the committee member representing the AFLS Honors Faculty Committee

A majority vote is required for approval of the oral defense.

The Thesis approval is indicated by the committee signature sheet included in the Honors Thesis.

This form must be returned to the Honors Program Director.