

Date _____

Effective Term _____

Hollins University
Thesis Application

Check One: **480 (Thesis)** **490 (Honors Thesis)**

Last Name _____ First _____ MI _____

Student ID _____ Class Year _____ Major(s) _____

Name Thesis Director _____

Title _____
(Final thesis title will appear on the transcript in its entirety at the completion of the project)

Description of Academic Work Required:

Signature of Student

Signature of Thesis Director

Signature of Advisor

Total credits, including this thesis _____

***THIS FORM MUST BE COMPLETED BEFORE YOU CAN REGISTER FOR
THE SENIOR THESIS (Copy needed for each term)***

For Registrar's Office Use: Subject _____ Number _____ Section _____ CRN _____