

Date

Short Term 20

Hollins University Thesis Application

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

Last Name First MI

Student ID Class Year Major(s)

*Residing on campus off campus

*Using campus facilities in person for thesis work this term? yes no

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 TO REGISTER THE THESIS IN SHORT TERM. (Short term registration of the thesis is required for most majors that offer or require a senior thesis – see undergraduate catalog for details.)

*Information required for reporting purposes.

For Registrar's Office Use: Subject Number Section CRN