

Date _____

Effective Term _____

Hollins University
Thesis Application

Circle One: 480 (Thesis) or 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

***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 _____