



University of Massachusetts Lowell
Honors Program
"A proud member of the Commonwealth Honors Program"

Honors Project Completion Form

Name _____

SID Number _____

Faculty advisor _____

Course name(s) and number(s) _____

Grade _____

Date of Public Presentation of Project _____

Student's signature _____ Date _____

I certify that this student has satisfactorily completed his/her honors project and has given a public presentation on the date listed above.

Advisor's signature _____ Date _____

Committee Member(s) signature(s) _____ Date _____

_____ Date _____

Please complete and return this form, along with a copy of your thesis, to the Honors Program Office (Southwick 320) **by the end of the final exam period**. Students whose final product is not a thesis should submit a description of their project with this form.