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Honors Thesis/Project Completion Form

Name: _____ UMS Number: _____

Honors Mentor: _____

Committee Member(s): _____

Thesis/Project Title: _____

Date and Place of Public Presentation: _____

Course Name	Course (DEPT.XXXX.XXX)	Grade

Do you consent for us to publically archive your Thesis/Project online? _____

Do you want a bound copy of your Thesis/Project? (If yes, please provide address below) _____

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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.

Honors Mentor's Signature: _____ Date: _____

I, (committee member) _____, certify that this student has satisfactorily completed their honors project and they have given a public presentation on the date listed above.

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

_____ Date: _____

Please complete and return this form, along with a copy of your thesis, and signed title page to the Honors College Office (O'Leary 300) by the end of Reading Day.

Please complete this form and return it to the Honors College Office on South Campus in O'Leary 3rd Floor.
If you have any questions contact us at 978.934.2797 or email us at Honors@uml.edu.