HONORS UNDERGRADUATE RESEARCH CONFERENCE SCHEDULING FORM

Name of Student________________________________________ EMPLID___________

Presentation Title__________________________________________________________

Presentation Title (if different from thesis title) ________________________________

The undersigned have read this student’s abstract and approve it for publication in the Honors Undergraduate Research Conference Program Booklet:

The Undergraduate Research Conference will be held on (date): ________________.

We recommend that the student make the following type of presentation:

A. ________ Oral

Please indicate if any particular equipment is required:

Please indicate any time preferences or times at which either the student or committee members are unavailable:

B. _________ Poster (Note: the poster session will be held from noon to 1 p.m.)

Thesis Chair’s Signature ___________________________ Date ________________

Honors Contact’s Signature __________________________ Date ________________

Optional Thesis Committee Member’s Signature __________________________ Date ________________

THE HONORS PROGRAM MUST RECEIVE THIS FORM DIRECTLY FROM THE THESIS STUDENT BY MARCH 8.
ROBERTSON-SAYRE HALL, RM. 7, BOX 7187, FAX: 777-2365.