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DISTINGUISHED MAJORS PROGRAM

Senior Thesis Advisor Form

| Student's Name: | |
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| Major (include concentration): | |
| Major Advisor's Name: | |
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| Thesis Topic: | |
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| | |
| Thesis Advisor's Name: | |
| THESIS AUVISOR S INAME. | |
| Second Reader's Name: | |
| Second Reader's Department: | |
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| | |
| Student's Signature | Date |

Please submit one copy of this form to your thesis advisor, one copy to your major advisor, and one copy to the EALLC department by September of your fourth year.