

The Lee Honors College
THESIS DEFENSE CERTIFICATE REQUEST

(Please turn in to LHC office at least 48 hours prior to your scheduled defense date & time)

PLEASE PRINT OR TYPE

Make sure all information is spelled correctly and as you would like it to appear.

Date: _____ **WIN #:** _____

Name: _____ **Phone #:** _____

Semester/Year accepted to LHC: _____

Expected Date of Graduation: _____

Date of Thesis Defense: _____

When do you need to pick up Defense Certificate (date & time)? _____

Title of Honors College Thesis: _____

Thesis Committee

- *For chair and members, please include full name & specify title: Dr., Prof., Mr., Mrs., etc.*
(no signatures required – please type or print; include titles as appropriate)

	Title	Full Name (First, MI, Last)	Department
Chair			
Member			
Member			

PLEASE RETURN THIS FORM TO THE LEE HONORS COLLEGE
(Please turn in at least 48 hours prior to your scheduled defense date & time)

Date Processed: _____ **Staff Initials:** _____