

EALL 473 Senior Thesis Record (required of all majors)

Due: Fall Term Friday of Week 3

☐ Original kept by Thesis Adviser. ☐ Copy to Student. ☐ Copy to Admin. Assistant.

Name of Student: _____

Year of Graduation: _____

Thesis Adviser _____
(signature and date)

Second Reader: _____
(signature and date)

Proposed Thesis Topic: _____

(Do not write below this line. For Departmental Use Only.)

Statement of Progress: Rec'd Fall Term _____(date)
Due: Fri. of Week 10 (5 pp min.)

List of meetings with Primary Adviser:

Fall of Senior Year: (list of scheduled meeting dates)

Winter of Senior Year: (list of scheduled meeting dates)