Thesis Prospectus Form

To be completed by the student with the co-advisors. Original form should be submitted to the major department. Completed forms will be emailed to CAS-Distinction@unl.edu by the departments.

Student’s name___________________________________ Student ID number ________________________

Student email __________________________________________ Major ______________________________

Expected graduation date ______________________________________________________________

Proposed thesis title_______________________________________________________________________

_______________________________________________________________________________________

Please provide a one paragraph abstract of the proposed research:

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Please list both advisors and in a sentence or two explain their relevance to your topic.

Co-advisor 1:________________________________________________________

Co-advisor 2:________________________________________________________

_______________________________________________________________________________________

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_______________________________________________________________________________________
Statement of Advisors

☐ I have read the attached proposal, approve it for thesis research and agree to supervise the student’s research.

☐ I have discussed the GPA requirements for distinction with this student and also believe this student has a reasonable chance of achieving the minimum cumulative GPA required for **any** level of distinction (i.e., 3.500).

☐ I have discussed with the student that the Committee determines the level of distinction by using the cumulative grade point average based on all credit hours taken at UNL prior to the beginning of the term in which the student receives his or her degree. Incomplete coursework and classes from the current term are not included in the determination of level of distinction.

☐ I have discussed with the student any additional policies or requirements set by the major department.

Co-Advisors:

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<th>Signature</th>
<th>Typed or printed name</th>
<th>Department</th>
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Department Chair/Director of major department:

☐ I confirm both people listed are authorized to advise a thesis for this major.

| Signature | Typed or printed name | Department | Date |

*If permission for writing a thesis outside major is granted, the Associate Dean for Undergraduate Education will sign as department approver.*