

MCS Research Honors Thesis Form

Course # 38-455

Name: _____

Andrew ID: _____

Title of Project: _____

Faculty Advisor: _____

Faculty Advisor Signature: _____

Date: _____

GOALS OF PROJECT:

**There will be an oral presentation required of all MCS honors students
at the end of the semester.**

MCS Approval: _____

Date: _____

PLEASE RETURN TO THE MCS UNDERGRADUATE OFFICE, DOHERTY HALL 1324