



Utah State University  
Department of Geology

Geology 5650: Senior Thesis

Semester: Fa Sp Su Year \_\_\_\_\_ Credits: 1 2 3 4

Student Name: \_\_\_\_\_ ID# \_\_\_\_\_

Supervising Faculty: \_\_\_\_\_

Description of Proposed Study:

Method of Evaluation:

\_\_\_\_\_  
Student signature                      Date                      Faculty signature                      Date

\_\_\_\_\_  
Dept. coordinator signature                      Date

**Note:** This agreement must be signed before the end of the second week of the semester in which the study is to take place and submitted to the Geology office. Copies of this signed agreement should be retained by the supervising faculty member and the student.