

**SIU** Southern Illinois  
CARBONDALE University  
**UNIVERSITY HONORS PROGRAM**

**FACULTY VERIFICATION OF THE COMPLETION OF  
THE UHON 499 THESIS**

To be turned in with the Thesis.

By signing below, I certify that my Honors Thesis advisee has completed all requirements of the UHON 499 Honors Thesis.

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Printed Name of Thesis Advisor

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Date

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Signature of Thesis Advisor

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Date

**Revised 05/01/2020**

For Office Use Only:

Added to Student File with Thesis: \_\_\_\_\_