



ROBERT D. CLARK HONORS COLLEGE

Thesis Reimbursement Application

Name: _____
Last, First, Middle

Date: _____ Student ID: _____

Major(s): _____

Primary Thesis Advisor: _____

Department: _____

ANTICIPATED GRADUATION DATE: _____
Term Year

NOTE: If you wish to apply for a Thesis Reimbursement, you must submit original, itemized receipts of expenses and/or an itemized budget of your anticipated expenses. If approved, it will be paid after you:

- Pass your oral thesis defense
- Submit the two final copies of your thesis
- Are approved to graduate from the Clark Honors College
- Provide original, itemized receipts for approved expenses (no copies or credit card slips)
- Submit a one-page report on the usefulness of the reimbursement if it exceeds \$100

Before the above requirements have been met emergency requests for Thesis Reimbursements may be submitted for special review to the CHC office any time after the Thesis Prospectus class has been completed.

Please fill in below the address to which the check should be sent and your permanent phone number and email address:

Address: _____

Phone Number: _____ Email: _____

Total request for reimbursement of expenses: _____