

**Statement of Intent Form**

Undergraduate Thesis  
Department of Horticulture  
Oregon State University

Statement of Intent

This statement signed by student, supervising research and thesis coordinator commits you to a thesis project. This statement must be submitted prior to beginning your project and before you register for Hort 403 (6-12 credits). Once your project has been approved you may register for these credits any term within the 12 months following approval. Consult with your advisor regarding scheduling to determine best term to add Hort 403. Copies of the completed Statement of Intent will be on file in student's academic file and with project supervisor.

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

OSU Student ID Number: \_\_\_\_\_

Class Standing \_\_\_\_\_ Area of interest: \_\_\_\_\_

Name of Supervisor \_\_\_\_\_  
Address of Supervisor \_\_\_\_\_  
Phone No. of Supervisor \_\_\_\_\_

Title of Project \_\_\_\_\_

Term(s) you will complete project \_\_\_\_\_ to \_\_\_\_\_  
beginning date ending date

Term(s) you will register for Hort 403 \_\_\_\_\_  
term(s) year(s)

Number of credits to be earned \_\_\_\_\_ (6-12 total)

Note: Completed thesis is due on or before the middle of the quarter in which the student will graduate.

Address and phone number where you can be reached while doing your project

Address \_\_\_\_\_ Phone \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Student \_\_\_\_\_  
Signature of Supervisor \_\_\_\_\_  
Signature of Thesis Coordinator \_\_\_\_\_  
Signature of Advisor \_\_\_\_\_