

## William R. Johnson Outstanding Thesis Award Nomination Form

Name of Student \_\_\_\_\_

Thesis Title \_\_\_\_\_

Date Thesis was completed \_\_\_\_\_

Thesis Director \_\_\_\_\_ Phone \_\_\_\_\_

Please comment on the thesis with regard to the following criteria:

1. Significance and originality:

2. Appropriateness of style:

3. Quality of writing:

4. Quality of graphics when appropriate: