

Health and Rehabilitation Sciences Honors Program

APPLICATION FOR PROPOSAL OF UNDERGRADUATE RESEARCH THESIS

Name: \_\_\_\_\_ Major: \_\_\_\_\_

Campus e-mail: \_\_\_\_\_ Date: \_\_\_\_\_

GPA (must be 3.0) \_\_\_\_\_ GPA in major (must be 3.5) \_\_\_\_\_

Expected semester of graduation: AU \_\_\_\_\_ SP \_\_\_\_\_ SU \_\_\_\_\_ Year \_\_\_\_\_

Project advisor: \_\_\_\_\_ E-mail: \_\_\_\_\_

Additional  
Advisory Comm.  
Member: \_\_\_\_\_ E-mail: \_\_\_\_\_

Title of Project:

Date of Proposal Meeting: \_\_\_\_\_

Student signature: \_\_\_\_\_

Advisor signature: \_\_\_\_\_

Honors Director Approval \_\_\_\_\_

Please submit with advisor recommendation to Honors Director at  
least one week prior to the thesis proposal meeting.