The faculty member(s) and student whose names and signatures appear below have agreed to work together to complete the project required for the Bachelor of Health Science Honors Program in the College of Public Health and Health Professions.

Anticipated Credits Per Term: Summer A ______ B _____ C _____ Fall ______ Spring ______ Total ______

**NOTE:** You must complete a minimum of 6 HSC 4970 credits and at least 1 of these credits must be taken during the Spring semester.

________________________________________________________________________
Student Name

________________________________________________________________________
Student Signature Date

________________________________________________________________________
PHHP Faculty Mentor

________________________________________________________________________
PHHP Faculty Signature Date

________________________________________________________________________
Non-PHHP Faculty Mentor (if applicable)

________________________________________________________________________
Non-PHHP Faculty Signature (if applicable) Date

**NOTE:** If your primary mentor is outside the College of Public Health and Health Professions, that mentor must sign this form and you must have a faculty member within PHHP also sign. The PHHP faculty member will be responsible for overseeing the administrative details of your project within our College.

**NOTE:** If a graduate student or post-doctoral fellow will be directly involved in your research mentoring only the faculty mentor who is ultimately responsible for this project must sign this document.