HSC 4970: HONORS RESEARCH
HONORS PROJECT AGREEMENT FORM

Student Name ___________________________ UF ID __________ Email __________ Phone Number ___________

Project Supervisor ___________________________ Department ___________________________ Email __________ Phone Number ___________

PHHP Faculty (if different from Project Supervisor) ___________________________ Department ___________________________ Email __________ Phone Number ___________

Project Title: ______________________________________________________________________________

Study Aims/Objectives:

Project Description:

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.

Intermediate Evaluation Dates (minimally monthly): ___________________________

Additional Requirements:

Agreement and Approval
I understand that I must satisfactorily complete all course objectives and requirements by the dates agreed to on this form to receive the appropriate credit for this course. I further understand that satisfactory completion does not guarantee graduation at summa or magna cum laude. The Dean’s Office must review and approve the final paper and I must earn the required GPA. I also understand that if I do not complete the honors project, all thesis credits will be changed to independent study credits with no effect on the grade earned.

_________________________________________ ___________________________
Student Signature Date PHHP Faculty Signature Date