**PUBLIC HEALTH STUDIES HONORS PROJECT APPLICATION**

*This application must be submitted no later than the third day of the term in which the project will begin.*

**Student Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Student ID Number**: \_\_\_\_\_\_\_\_\_\_

**Total Units Complete by Start of Project:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of Application**: \_\_\_\_\_\_\_\_\_\_

**Overall GPA**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **PHST GPA**\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\*Note: Check with your advisor to include all courses that count in the PHST major in the calculation of the PHST GPA. A minimum GPA of 3.4 in the major, and senior standing (at least 25 units completed) is required.*

**Committee Members**: 1. (Primary Advisor)

 2.

 3.

**Project Title**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Course**\*: **Semester/Year**:

PHST 495 (1/2 unit) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHST 496 (1 unit) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHST 497 (1/2 unit) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\*Note: A total of 1 unit must be earned; 497 cannot be taken if credit has been earned for 496.*

Please attach a project proposal that identifies the objectives of the project, the research question(s) that you intend to address, and the research techniques that you will use. The proposal should be approximately three to five typed pages and include a list of preliminary references (talk with your public health advisor about key requirements). Honors students applying for honors in the major credit for their distinction project can attach their distinction project proposal if it meets the above requirements.

I have read, understand, and accept the requirements as specified in the Academic Catalog regarding the awarding of “Honors in the Major” designation.

Student Signature Date

**Approval of Student’s Proposal and Application**:

Committee Approval (Primary Advisor signature) Date

Program Approval (Program Coordinator signature) Date

Department Approval (Department Chair signature) Date

Associate Dean for AA&A Approval Date