Department of Health Education & Behavior Application for Honors

Magna Cum Laude and Summa Cum Laude

Please return the completed application to the academic advising office by the final day of drop/add (internship semester). It is expected that all students will become familiar with the Department of Health Education and Behavior's guidelines for graduating with honors requirements, prior to submitting the Application for Honors form.

Student Information:

Last Name	First Name	First Name	
Cellphone Number	Email A	Email Address	
Mailing Address	City	State	Zip
UFID	Graduation Term/Year	Upper Division GPA	

Honors Project/Designation and Affirmation Statement:

- □ I have elected to complete a Professional Project in Lieu of Thesis in pursuance of *Magna Cum Laude* honors distinction.
- □ I have elected to complete a Senior Thesis in pursuance of *Summa Cum Laude* honors distinction.

This student is required to register for one credit of Independent Study (HSC4905) or Undergraduate Research (HSC4912) for senior thesis research.

 \Box YES \Box NO

By signing below, I document my understanding of the Department of Health Education and Behavior's guidelines for graduating with honors, as well as agree to the time and effort commitment required for the high/highest honors project selected. Additionally, I understand that the quality of the final project will ultimately determine the honors distinction awarded, which is determined by the honors committee members listed below.

Honors Student	Signature	Date
Honors Committee Members:		
Faculty Chair	Signature	Date
Faculty Reviewer	Signature	Date