This application will be accepted during the second semester of the student’s junior year. It will not be accepted if any of the three required faculty signatures are missing. Students must have an overall Cornell cumulative GPA of 3.30. Please attach current transcript. The application is due no later than August 31, 2018.

Name ___________________________  College ____________________  Year of grad. ________
Address ___________________________  E-mail address ___________  Phone _____________

BSOC/HE 4991/4992. By permission of the department only.

CREDITS: Students must register for 4 credits each semester

__________ credits fall term  ____________ credits spring term

NOTE: Students must take the Honors Project for two semesters. A grade of “R” will be recorded at the end of the first semester. A letter grade will then be recorded at the end of the second semester for the entire year.

Titled (tentative):

___________________________________________________________________________________________
___________________________________________________________________________________________

Project description:

___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

Current overall GPA ________________

Student’s signature ___________________________  Date ___________________________

I agree to act as project supervisor on the above project. NOTE: Either the project supervisor or the reader must be a member of the Biology & Society faculty. Both must hold a Cornell academic appointment. The project supervisor should be expert in the area of the thesis topic and will assign a grade to the student.

Name ___________________________  Signature ___________________________
Campus address ________________________________  E-mail address _______________  Date ______________
Comments:

I agree to act as faculty reader on the above project. The faculty reader will participate in the evaluation of the thesis. Also see note above for qualifications.

Name ___________________________  Signature ___________________________
Campus address ________________________________  E-mail address _______________  Date ______________
Comments:

Advisor’s printed name: ___________________________  Signature ___________________________
Campus address ________________________________  E-mail address _______________  Date ______________

OFFICE USE ONLY:
Biology & Society Approval ___________________________  Date ___________________________

Director of Undergraduate Studies