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