SCIENCE & TECHNOLOGY HONORS PROGRAM APPLICATION

This application will be accepted during the second semester of the student's junior year. It will not be accepted if any of the 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 May 9 2022.

Name _____ College _____ Year of grad._____
Address _____ E-mail address _____ Phone _____

Titled (tentative):
_____

Project description:

Current overall GPA _____

_____ Please check here if you would like your project to be considered for the Trenchard Prize for Undergraduate Research, which supports summer travel for students working on an honors thesis.

NOTE: Students must enroll in STS 4991/4992, a four credit course, for two semesters. After acceptance of their honors application, a permission code will be generated and sent to you. 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.

Student's signature _____ Date _____
vvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvv
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 Science & Technology Studies 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:

vvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvv
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:

vvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvv
Advisor's printed name: _____ Signature_____
Campus address _____ E-mail address _____Date_____
vvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvv
OFFICE USE ONLY:
DUS Approval _____ Date_____