

**Social and Behavioral Sciences**

**ACADEMIC HONORS PROGRAM APPLICATION FORM**

Academic Honors Program:

Student Name:

700#:

Student Phone Number:

CMU Email:

Academic Honors Faculty Advisor:

By signing below, I am agreeing to supervise this student's honors project and I support their application to the SBS Academic Honors Program:

Academic Honors Program Faculty Advisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Academic Department Head Signature: \_\_\_\_\_

Date: \_\_\_\_\_