

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: _____