Undergraduate Nursing Honors Project

Undergraduate nursing honors program students must complete this form and submit it to Dr. Gayle Timmerman, Associate Dean for Academic Programs, **prior** to the implementation of their honors project.

Student Name:	UTEID:
E-mail:	Phone:
TITLE OF PROJECT:	
Faculty Member Supervising Project:	
Name:	Phone:
E-mail:	
ATTACH A TYPED PARAGRAPH EXPLAINING HONORS PROJECT.	NG OR SUMMARIZING YOUR
I understand that I must complete the Nursing Honocourses in order to graduate with "Special Honors to on my transcript. I have read the guidelines for the I that completion of the Nursing Honors Project will to be approved by my faculty supervisor and a present will submit a copy of the final approved paper to the Programs prior to graduation.	in Nursing" which will then appear Nursing Honors Project. I understand include both a written paper that must ation (either poster format or oral). I
Student Signature	