

**College of Public Health and Health Professions
HSC 4970 Honors Project Agreement Form**

Student Name: _____ **UF ID:** _____
Email Address: _____ **Phone:** _____

Project Supervisor: _____ **Dept:** _____
Email Address: _____ **Phone:** _____

PHHP Supervisor (if different from Project Supervisor): _____
Dept: _____ **Email Address:** _____ **Phone:** _____

Description of Project

Project Topic or Title: _____
Study Objectives: _____

Description of Project: _____

Requirement Deadlines

Credits per semester: Summer _____ **Fall** _____ **Spring** _____ **Total # of credits:** _____
 A _ B _ C _

Intermediate Evaluation Dates: (minimally monthly; specify when reviews will occur each month):

Specify any requirements in addition to those in the course syllabus: _____

Agreement and Approval

I understand that I must satisfactorily complete all course objectives and requirements by the dates agreed to on this form to receive the appropriate credit for this course. I further understand that satisfactory completion does not guarantee graduation at summa or magna cum laude. The Dean's Office must review and approve the final paper and I must earn the required GPA. I also understand that if I do not complete the honors project, all thesis credits will be changed to independent study credits with no effect on the grade earned.

Student Signature: _____ **Date:** _____

Faculty Signature: _____ **Date:** _____