UNIVERSITY OF FLORIDA - BACHELOR OF HEALTH SCIENCE & BACHELOR OF PUBLIC HEALTH
HONORS PROJECT AGREEMENT FORM – FORM B

Student Name ___________________________ UF ID ___________________________ Email ___________________________ Phone Number ___________________________

PHHP Faculty ___________________________ Department ___________________________ Email ___________________________ Phone Number ___________________________

Project Supervisor (if different from PHHP Faculty) ___________________________ Department ___________________________ Email ___________________________ Phone Number ___________________________

Project Title: __________________________________________
Study Aims/Objectives: __________________________________________

Project Description: __________________________________________

NOTE: Students must complete a minimum of 6 HSC4970 credits with at least 1 credit being taken during the spring semester. Credits Per Term: Summer 2020 ___ Fall 2020 ___ Spring 2021 ___ Total ___

Intermediate Evaluation Dates (minimally monthly): __________________________________________
Additional Requirements: __________________________________________

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

As the PHHP Faculty and/or Project Supervisor supervising the student, I can verify that the study is being conducted and will be completed under an active IRB/IACUC or is exempt.

__________________________  ____________  __________________________  ____________
PHHP Faculty Signature        Date          Project Supervisor Signature (if different from PHHP Faculty)        Date