

UNDERGRADUATE NURSING HONORS PROJECT

*Undergraduate nursing honors program students must complete this form and submit it to Dr. Ana Todd, Director of the Nursing Honors Program, **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 OR SUMMARIZING YOUR HONORS PROJECT.

I understand that I must complete the Nursing Honors Project in addition to the Honors courses in order to graduate with "Special Honors in Nursing" which will then appear on my transcript. I have read the guidelines for the Nursing Honors Project. I understand that completion of the Nursing Honors Project will include a presentation that must be approved by my faculty supervisor.

Student Signature