

**APPLICATION  
RESEARCH HONORS PROGRAM**

1. DATE: \_\_\_\_\_  
2. NAME OF STUDENT: \_\_\_\_\_  
3. CLASS: \_\_\_\_\_  
4. HOME ADDRESS: \_\_\_\_\_

HOME TELEPHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

5. TITLE OF PROJECT: \_\_\_\_\_

6. SIGNATURE OF STUDENT: \_\_\_\_\_

7. NAME OF SPONSOR: \_\_\_\_\_

8. SIGNATURE OF SPONSOR (The sponsor's signature verifies that the sponsor and the student have secured appropriate training and committee approvals, e.g., radiation safety, biosafety, animal care and use, and Institutional Review Board):

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