

## Capstone Project Application

Please complete all information by typing your responses on this form. Print the completed form, sign and date it, obtain the signature from your faculty mentor, and return to Angie Johnson, CHS Honors Program Director, located in Fieldhouse 106. If there are any noted problems, you will be contacted within two weeks of submission. Thank you.

Variable	Student Response
Currently registered for HMSE 4999 (Yes or No)	
Option A (Review Article) or Option B (Research Project)	
Faculty Mentor Name	
Faculty Mentor Signature	
Date	
Student Name	
Student Signature	
Date	
Honors Program Director (Angie Johnson) Signature	
Date	
Student UID #	
Student Major (Health Studies or PETE)	
Student Concentration (ESMS, HCL, HLSC, NUTR, PETE)	
Student <i>UofM</i> Email Address	
Student <i>Personal</i> Email Address (e.g., Gmail, yahoo, etc.)	
Student Cell Phone Number	
Student Mailing Address	

**Please provide the requested information below each heading, on a separate page. Attach the page to this form and submit both pages to Angie Johnson in Fieldhouse 106.**

- 1. Title of proposed Honors Thesis*
- 2. Scope of proposed work; briefly describe the methods to be used*
- 3. Expected finished product; what will your final manuscript contain and plans for publication—you can provide more than one option*