

College of Liberal Arts & Sciences
KU Undergraduate Biology Program
DEPARTMENTAL HONORS INTENT FORM

Name: _____ Level: _____ KUID: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone(s): _____ E-mail: _____

Type of degree pursued (B.A. or B.S.): _____ Anticipated semester of graduation: _____

Degree for which graduation with Honors is intended: _____

[Choices are restricted to: Biology (Cell Biology, Ecology & Evolutionary Biology, Genetics, Neurobiology, Organismal Biology, and Teaching Biology), Biochemistry, Human Biology (Biology), or Microbiology]

Potential title of Honors project: _____

Brief description of Honors project:

Name of faculty member supervising Honors work: _____

Signature of faculty member supervising Honors work: _____

Signature of student: _____

(Submit this form to Angela Gere in 2045 Haworth with faculty and student signatures; we will obtain the signature of the Honors Committee chair.)

Signature of Chair, Honors Committee: _____

[for administrative use only: Date form submitted to CLAS: _____]