

APPLICATION for BCMB HONORS PROGRAM

Date: _____

Name _____

Student ID _____

GPA _____

When will you take BCMB 452? (semester(s)/hours): _____/_____

When will you enroll in BCMB 457 (your last semester) _____

List your plan for taking at least 12 hours of BCMB courses at 300 level or higher with an honors-by-contract option:

Course	Semester/Year
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Expected Date of Graduation: Semester _____ Year _____

Name of Professor who will be supervising your research:

Professor's signature

Students's signature

Department Head's signature
