

Application to present at Honors Research Week 2024

University Honors College

Raubinger Hall, Room 207 300 Pompton Road, Wayne, NJ 07470 Phone: (973) 720-3657 E-mail: honors@wpunj.edu

Graduation Year 20	МАҮ	AUGUST	JANUARY
Full Name (will be displayed in the program)	855 Number		
Phone	I		
Permanent Home Mailing Address (Where you can be reached follo	wing graduation)		
Scholarships/ Awards Received	Future Plans		
Track	Major (s)		
Minor (s)	Name of Thesis Advis	sor	
Thesis Title (will be displayed in the program)	<u> </u>		
Presentation (A Dell laptop and projector will be provided. PowerPoint pressonal Please check if you require an easel (indicate size of post Please check if you require other equipment (please spection)	er)		

Signatures (required)			
Student	Date	Track Director	Date
Thesis Advisor (if different from Track Director)	Date		
□ I understand that I am required to pr	resent the fin	dings of my thesis project during Ho	onors Research
Week of my junior or senior year.	Wook Roson	rch chacklist and sunnlamental infa	mation
□ I have received a copy of the Honors □ I agree to abide by all Honors Resear		**	mation.
- I agree to ablee by an Honors Resear		annes and guidennes.	
		Student Signature	