

AHS HONORS SUBSTITUTION and/or OVERLAP REQUEST

Select all options that apply

- Request to allow non-AHS research course to meet *honors requirements* for the AHS major
- Request to allow non-AHS thesis course to meet *honors requirements* for the AHS major
- Petition for Honors Thesis Overlap for Dual Degree Allied Health Sciences students

AHS Honors requirements: <https://alliedhealth.uconn.edu/honors/policies/>

Include and successfully complete the following courses in the AHS Honors Plan of Study

1. AH 4239/4240W Honors – 3 credits – Research Methods in Allied Health / Writing for Allied Health Research; 2nd semester sophomore year (preferred) or 2nd semester junior year
2. Honors conversions of two classes listed in the AHS major Group A-3 or the graduate level equivalent

3. Students will complete independent research and compile an Honors thesis.
AH 4289: Honors Research in Allied Health Sciences & AH 4297W: Honors Thesis in Allied Health Sciences
Other courses in other departments may be substituted with prior approval from AHS Honors Core Advising Committee. For a department that does not offer a thesis course, an independent study may substitute with prior approval. A Storrs faculty member must be identified who is willing to supervise the thesis writing for research conducted at UConn Health or off-campus. The Storrs faculty member should be in a similar discipline, when possible, as the research supervisor. The Storrs faculty member should be identified prior to commencing the research or as soon as possible. A written learning agreement should outline the duties, expectations and guidelines for all parties involved in the thesis writing process.

AHS Dual-Degree with Honors students: <https://honors.uconn.edu/more-than-one-major/>

Generally, students with multiple Honors majors complete a **separate thesis/project** for each major, however, prior approval may be obtained to use a single thesis/project toward the requirements for multiple majors:

- ◇ Honors advisors in each Honors major must approve a thesis overlap in advance
- ◇ The single thesis will be listed on only one of the Honors Plans of Study
- ◇ Signatures from the thesis supervisor and both Honors advisors are required on the final thesis paperwork

Student Information

Student Name: _____

Student ID: _____ Student Phone: _____

Student Email: _____

AHS Honors Advisor Name: _____ Concentration: _____

I understand that approval of a substitution request means that:

- *The substitution meets only the Honors requirements and only in Allied Health Sciences.*
- *The substitution may not satisfy the AHS major requirements (Group A or B)*
- *I may be required to take additional courses to meet the AHS MAJOR Group A or B requirements.*
- *I may be required to submit an updated Honors plan of study to the Honors office*
- *The “other” Honors major department may have specific restrictions for research & thesis overlap*

I agree that my typed signature below constitutes my legal signature.

Student Signature: _____

Date: _____

Other Degree / Major Program (dual degree students only)

School/College: _____ Department Code: _____
Major/Degree: _____ Concentration: _____
Other Honors Advisor Name: _____
Other Honors Advisor Signature: _____ Date: _____

Research / Thesis Information

Research Thesis Supervisor Name: _____
School/College: _____ Department Code: _____
Institution Name and Address (if not UCONN): _____
Position at the institution: _____
Thesis Supervisor Email: _____ Phone: _____
Thesis Supervisor Signature: _____ Date: _____

AHS Course Substitution Request Overlap for Dual Degree Requested? _____

AH 4289: Honors Research

Substitute Department Course #: _____ # Credits: _____ Semester: _____

Student's description of research question and rationale as to how the research fits within the AHS discipline:

AH 4297W: Honors Thesis in Allied Health Sciences

Substitute Department Course #: _____ # Credits: _____ Semester: _____

Description of research focus/thesis and rationale as to how the thesis work fits within the AHS discipline:

AHS Honors Advisor Signature: _____ Date: _____

AHS Honors Committee

DECISION: ACCEPT DENY Date of decision: _____

Comments: _____

Committee Designee Name: _____

Committee Designee Signature: _____

Submitted to: Student Other Honors Department Designees UConn Honors Office