

*Deadline: NO LATER THAN January 30<sup>th</sup> – Junior Year (year prior to anticipated graduation)*

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

8. Submit an Honors Research Plan to the AHS Honors Core Advising Committee for review by January 30th of the junior year (year prior to anticipated graduation). Multiple plans may be submitted throughout your career in AHS Honors.

**Student Program and Career Info**

Student Name: \_\_\_\_\_

Student ID: \_\_\_\_\_ Student Phone: \_\_\_\_\_

Student Email: \_\_\_\_\_

Major/Degree: \_\_\_\_\_ Concentration: \_\_\_\_\_

Anticipated Graduation Semester Year: \_\_\_\_\_ Research Plan Submission #: \_\_\_\_\_

AHS Honors Advisor's Name: \_\_\_\_\_

Career Track or Graduate Training Interest: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Additional Degree/Major Program** (if applicable)

School/College: \_\_\_\_\_ Department: \_\_\_\_\_ Major: \_\_\_\_\_

Other Degree Honors Advisor's Name: \_\_\_\_\_

Other Honors Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Research Courses Tracking:**

**AH 4239:** Research Methods in Allied Health and **AH 4240W:** Writing for Allied Health Research

*Honors Section* Semester of Enrollment: \_\_\_\_\_ \*substitutions not typically permitted

**AH 4289** Honors Research Supervisor: \_\_\_\_\_

Semester(s) of Enrollment: \_\_\_\_\_ # Credits: \_\_\_\_\_

or Substitute Department Course #: \_\_\_\_\_ # Credits: \_\_\_\_\_

Semester(s) of Enrollment: \_\_\_\_\_

Substitution Form Filed? Yes: \_\_\_\_\_ Approval Date: \_\_\_\_\_ No: \_\_\_\_\_

**AH 4297W** Honors Thesis in Allied Health Sciences Faculty Supervisor: \_\_\_\_\_

Semester(s) of Enrollment: \_\_\_\_\_ # Credits: \_\_\_\_\_

or Substitute Department Course #: \_\_\_\_\_ # Credits: \_\_\_\_\_ Semester Enroll: \_\_\_\_\_

Substitution Form Filed? Yes: \_\_\_\_\_ Approval Date: \_\_\_\_\_ No: \_\_\_\_\_

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: \_\_\_\_\_

Description of research question / lab focus and/or research thesis to date:

Please provide any additional relevant information related to your research in this space

(e.g. posters, manuscripts, meetings): \_\_\_\_\_

If you have not established yourself in a research environment or with a research mentor, what steps have you've taken toward that goal? What is your area of research interest?

Honors Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**AHS Honors Committee Review, Comments, Suggestions etc**

AHS Honors Committee Designee Signature

Date: \_\_\_\_\_