DEPARTMENT OF NEUROSCIENCE
HONORS APPLICATION

The three pages of this form must be completed, signed by both the student and the faculty sponsor and returned to the Department of Neuroscience (Box G-LN or Sidney Frank Hall 315) by the deadline stated in the GUIDELINES FOR INDEPENDENT STUDY AND HONORS IN NEUROSCIENCE.

Student Name_____________________________________ Class___________ Date__________________________
P.O. Box #___________ Campus Address_______________________ Telephone__________________________
E-mail address______________________________ Banner ID ___________________________________

I expect to satisfy the requirements for graduation with Honors as described in The Neuroscience Concentration, Brown University, available from the Department of Neuroscience.

I. Grades in Concentration  (Honors requires a 3.3 GPA in concentration courses)

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II. Thesis title  (proposed):

________________________________________________________________________________________
III. **Thesis project.** Briefly outline the proposed research project that will be the basis of your honors thesis. Describe the scientific rationale, the methods to be used and the way the data are to be analyzed. **Include a list of key references.** If you are part of a research team, for which aspects of the research project will you be responsible. (Use additional pages if necessary)

______________________________  _________________
Signature of Student                  Date
IV. Sponsor’s Section

Students can be expected to devote from 10-20 hours per week on the project during the school year. Faculty sponsors are expected to be available for regularly scheduled meetings with the student to review work and analyze progress. Students are expected to be intellectually involved in original research, with expectations appropriate for their level of experience.

1. Describe your role in the project and the role that you propose for the student. Will the student be supervised directly by you or by someone else in the laboratory?

2. Are sufficient resources available in your laboratory to support the student’s project to completion?

3. In what laboratory activities, other than the research itself, will the student participate (e.g. regular laboratory meetings, etc.)?

________________________________________  __________________________
Signature of Faculty Sponsor  Date

________________________________________  __________________________
Name of Faculty Sponsor (print or type)  Sponsor’s Affiliation