

Proposal for Healthcare Administration Honors Program Project Cover Sheet

Date: _____

Name: _____

Major: _____

Working title: _____

Semesters during which the project will be done: _____

Faculty adviser's name and department: _____

Faculty adviser's signature: _____

(This signature indicates the faculty member has carefully read and evaluated the attached proposal for both form and content; has determined the proposed project to be both doable and worthy of honors; and has agreed to direct the project.)