APPLICATION FOR THE HONORS PROGRAM IN COMMUNICATION SCIENCES AND DISORDERS

Student's Name:	ID#: _				
Academic Year of Honors Program Participat	ion (e.g.2023-2024):				
Expected Graduation Quarter and Year:					
Email:					
Overall G.P.A.*:	erall G.P.A.*: Major G.P.A.*:				
*If either G.P.A. (3.2 overall, 3.5 in major) does not me advisor is required.	eet the requirements, a letter of support fro	om the primary			
Primary Honors Project Advisor:					
Secondary Reader: (If not Northwestern facult	ty, specify affiliation and email add	lress.)			
Title of proposal:					
Related course work completed and/or plan	nned: (include honors independent	studies)			
Course (number and title)	Quarter/Year	Grade			

02/2021

Proposed Timeline: Please provide an indication of when you plan to conduct/complete various research activities. Examples of activities include IRB approval, experimental design, data collection, data analysis, and drafts of the introduction/methods/results/discussion. Please also list any other activities that may affect your progress toward completing your project (e.g. study abroad, early graduation, leave of absence, your primary advisor taking a quarter leave, etc.).

Quarter/Week	Activity
Examples:	
Fall, Week 2	Begin running subjects and writing the methods section
Winter, Week 5	Finish data collection; preliminary data analysis
Spring, Week 1	Begin working on power point presentation

02/2021

*Attach a 4-6 page double spaced proposal including the following information and sections:

- 1) Your name, ID #, and proposed project title, 2) An abstract of no more than 150 words,
- 3) Background,
- 4) Hypothesis and specific aims, 5) Proposed methods,
- 6) Expected results and implications

Approval Signatures	
Primary Honors Advisor	Date
Secondary Faculty Reader	Date
CSD Honors Committee Chair/Representative	Date
Clinical Supervisor (if appropriate)	Date
Research Lab Supervisor (if appropriate)	Date

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COMPLETION FORM FOR CSD HONORS PROGRAM

(Must be handed in with final thesis with signatures)

Student's Name:	ID #:		
Title of Senior Honors Project:			
Quarter/Year of Project Completion	n:		
Cumulative G.P.A.:	Major G.P.A.:		
Quarters and Grades for Independe	ent Studies for Honors Project	::	
1) Quarter:	Grade:		
2) Quarter:	Grade:		
Progress Checklist			
Seminar 1, Date:	Faculty Signature:		
Seminar 2, Date:	Faculty Signature:		
Seminar 3, Date:	Faculty Signature:		
Seminar 4, Date:	Faculty Signature:		
Defense, Date:	Faculty Signature:		
Final Paper, Approval Signatures:			
Primary Honors Advisor		Date	
Secondary Faculty Reader		Date	
CSD Honors Committee Chair/Repres	sentative	Date	

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