

Application to present at Honors Research Day 12/1 2025

University Honors College

Raubinger Hall, Room 207I300 Pompton Road, Wayne, NJ 07470I

Phone: (973) 720-3657 E-mail: honors@wpunj.edu

Graduation Year 20	MAY	AUGUST	JANUARY	
Full Name (will be displayed in the program)	855 Number			
Phone				
Permanent Home Mailing Address (Where you can be reached follo	wing graduation)			
Scholarships/ Awards Received	Future Plans			
Track	Major (s)			
Minor (s)	Name of Thesis Adviso	r		
Thesis Title (will be displayed in the program)				
Presentation Set-Up Needs (A Dell laptop and projector will be provided. PowerPoint presentations must be emailed to <u>honors@wpunj.edu</u> by 11/28. p.m.) Please check if you require an easel (indicate size of poster)				

Signatures (required)			
Student	Date	Track Director	Date
Thesis Advisor (if different from Track Director)	Date		
□ I understand that I am required to p			onors Research
Week/Honors Research Day of my ju		·	rmation
□ I have received a copy of the Honors □ I agree to abide by all Honors Resear			
- I agree to ablae by an Ibnors Resear		acaumes and guidelines.	
		Student Signature	Date