



# Application to present at Honors Research Week 4/20- 4/24 2026 University Honors College

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|  |  |                               |               |                |
|--|--|-------------------------------|---------------|----------------|
| <b>Graduation Year</b> <b>20</b> ____ ____   |  | <b>MAY</b>                    | <b>AUGUST</b> | <b>JANUARY</b> |
| <b>Full Name (will be displayed in the program)</b>  |  | <b>855 Number</b>             |               |                |
| <b>Phone</b>   |  |                               |               |                |
| <b>Permanent Home Mailing Address (Where you can be reached following graduation)</b>  |  |                               |               |                |
| <b>Scholarships/ Awards Received</b>   |  | <b>Future Plans</b>           |               |                |
| <b>Track</b>   |  | <b>Major (s)</b>              |               |                |
| <b>Minor (s)</b>   |  | <b>Name of Thesis Advisor</b> |               |                |
| <b>Thesis Title (will be displayed in the program)</b>   |  |                               |               |                |
| <p style="text-align: center;"><b>Presentation Set-Up Needs</b></p> <p>(A Dell laptop and projector will be provided. PowerPoint presentations must be emailed to <a href="mailto:honors@wpunj.edu">honors@wpunj.edu</a> by 4/16 at 5:00 p.m.)</p> <p><input type="checkbox"/> Please check if you require an easel (indicate size of poster) _____</p> <p><input type="checkbox"/> Please check if you require other equipment (please specify) _____</p> |  |                               |               |                |
|  |  |                               |               |                |

**Signatures (required)**

\_\_\_\_\_  
Student Date

\_\_\_\_\_  
Track Director Date

\_\_\_\_\_  
Thesis Advisor (if different from Track Director) Date

- ☐ **I understand that I am required to present the findings of my thesis project during Honors Research Week of my junior or senior year.**
- ☐ **I have received a copy of the Honors Week Research checklist and supplemental information.**
- ☐ **I agree to abide by all Honors Research Week deadlines and guidelines.**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date