

SoMS Honours Application

Please refer to [Science Honours website](#) and [SoMS website](#) for the application process. Please attach the completed form as the attachment required in the "Intention to Undertake Honours" online form.

Student Details	
Last Name:	Student ID:
Given Name(s):	Phone/Mobile No.:
Current Program Code/Name:	Honours Plan (select one option):
Commencing term and year:	<input type="checkbox"/> SOMSAH – Medical sciences <input type="checkbox"/> SOMSDH – Pathology <input type="checkbox"/> SOMSBH – Physiology <input type="checkbox"/> SOMSEH – Anatomy <input type="checkbox"/> SOMSCH – Pharmacology <input type="checkbox"/> SOMSFH – Exercise Phys.

Negotiated Research Project Title	
Does this project require human or animal ethics approval?	YES / NO
If YES, please attach the ethics approval letter.	
<i>Note - The application cannot be approved if ethics is not in place.</i>	
Is this project based in a hospital/clinical school or require any research or data collection at a hospital?	YES / NO
If YES, students must be fully compliant with the NSW Health Requirements .	
<i>Note - Students cannot set foot in the hospitals until they are fully compliant with the NSW health requirements and have been allocated a ClinConnect placement.</i>	

Supervisor Agreement	
By signing this form you are acknowledging the following:	
<ul style="list-style-type: none"> You commit to taking this applicant as your honours student if he/she meets the entry requirements. You have any required ethics approvals in place. You have the financial and material resources required to undertake the project. 	
Supervisor Name:	Email Address:

Signatures	
Student:	Supervisor: