

**THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL  
SCHOOL OF NURSING**

**UNDERGRADUATE HONORS**

**Intent to Participate Form**

Student's Name: \_\_\_\_\_

Student PID#: \_\_\_\_\_

Student's Email: \_\_\_\_\_

Honors Advisor: \_\_\_\_\_

Brief Description of Honors Project:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Advisor's Signature

\_\_\_\_\_  
Date

Expected graduation date \_\_\_\_\_

**\*\*Note: Faculty advisors for students graduating in August will need to be available during the summer months.**