



Cornell University

College of Arts and Sciences

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CAPS Honors Program Request Form

Name: _____

ID: _____

Phone: _____

Email: _____

Major Advisor: _____

Thesis Advisor: _____

Second Reader: _____

Provisional title of honors thesis: _____

With this form, please also turn in:

1. A) Your **cumulative GPA** as of the end of the last semester: _____
B) Your grade average in the **CAPS Major** as of the end of last semester: _____
2. Attach a brief description of the proposed research project (one page).

Student's Signature

Honors Thesis Advisor's Signature

Date

Date

Please return this form to the CAPS Office, B7 McGraw Hall.