

## StFX HLTH Honours Program: Form A – Declaration Form

The following form is the first step in completing an honours program with the interdisciplinary HLTH program. To maintain eligibility, all grade requirements must be met prior to registration of HLTH490 in your final year. **This form must be filled out, signed, and submitted to the HLTH Honours committee at: [health@stfx.ca](mailto:health@stfx.ca) by April 1st of your third year** to be eligible for the honours program. If all criteria are met, you will be notified in late April to early May by the HLTH coordinator of your eligibility to register for HLTH490 in the following academic calendar year. **For each summary, please ensure that the descriptions fit in the space provided.**

Please fill out all required information. Any questions can be directed to the HLTH Honours committee or the Program Coordinator.

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Thesis Title: \_\_\_\_\_

Note: The title listed does not have to be the final title and is for review purposes only.

### Summary of Research Project:

Please keep your summary to a maximum of 500-words. The summary should include the broad goal(s) of the proposed research, relevant background information, specific research aims, brief overview of the methods to be used, and expected outcomes and their impact on health care, health systems and/or health outcomes.

Version 1.3

**Role within the project:**

Describe your role and responsibilities in the project, including (but not limited to) recruitment and data analysis

**Link with health:**

Describe how your project directly or indirectly relates to health. Please consider the social determinants of health.

Faculty Supervisor: \_\_\_\_\_

Suggested Second Reader: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

A second reader must be (i) affiliated with the program or (ii) approved by the Coordinator.

By signing below, the undersigned will enter into a formal agreement of a supervisor-honours student relationship and all parties will accept their expected responsibilities, including, but not limited to, assisting the student in their research, mentoring the student, and providing all necessary grades, while the honours student will complete the necessary research objectives in a timely manner. Both parties agree to follow the guidelines of the HLTH program.

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

\_\_\_\_\_  
Faculty Supervisor's Signature

\_\_\_\_\_  
Date

**For Internal review only:**

The following project's:		The student:	
1. Research topic is approved	<input type="checkbox"/>	1. Has met all degree requirements	<input type="checkbox"/>
2. Supervisor is approved	<input type="checkbox"/>	2. Is eligible to register for HLTH490 in the	<input type="checkbox"/>
3. Second reader is approved	<input type="checkbox"/>	following academic year	

Changes or amendments are to be completed in a separate form and attached to previous iterations of the form.