



Honors Program
UNIVERSITY OF SOUTH CAROLINA AIKEN

Capstone Intent Form

Student Name: _____ **Major:** _____

Term to complete Capstone: Fall Spring Year: 20_____

Type and submit a signed original and an electronic version to the Honors Program Director.

Project Title:

IRB/Animal Testing Approval Required: Yes No

Signatures:

Student: _____ **Date:** _____

Faculty Mentor: _____ **Date:** _____

Department/Unit Head of Student's Major: _____ **Date:** _____

Honors Program Director: _____ **Date:** _____

