

Please type or print clearly.

Class of 2022

**THE GEORGE H. COOK SCHOLARS PROGRAM  
REGISTRATON FORM**

(To be submitted by March 26, 2021)

Return this form to:

Janice Geiger, Secretary, Office: Waller Hall, Room 104, Phone: 848-932-9162 Email: [geiger@sebs.rutgers.edu](mailto:geiger@sebs.rutgers.edu)

NAME \_\_\_\_\_ [ ] Mr. [ ] Ms.

(Print name as you wish it to appear in publications)

Student ID Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ E-mail: \_\_\_\_\_@\_\_\_\_\_ (if not @scarletmail.rutgers.edu)

I expect to graduate in \_\_\_\_\_ May 2022 \_\_\_\_\_ January 2023

I plan to BEGIN my project in \_\_\_\_\_ Spring 2021 \_\_\_\_\_ Summer/Fall 2021 @ \_\_\_\_\_ credits each semester (Min. 3; Max. 6)

I plan to COMPLETE my project in \_\_\_\_\_ Spring 2022 \_\_\_\_\_ Fall 2022 @ \_\_\_\_\_ credits each semester (Min. 3; Max. 6)

(If applicable....)

**LOCAL SEMESTER ADDRESS:** \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
(local apt/dorm/off-campus)

OR [ ] I'm a Commuter

**HOME ADDRESS:**

Street: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

MAJOR(S): \_\_\_\_\_ MINOR: \_\_\_\_\_

PROJECT ADVISOR \_\_\_\_\_ Advisor's Email: \_\_\_\_\_  
(Name)

PROJECT ADVISOR'S DEPARTMENT \_\_\_\_\_

**TENTATIVE HONORS PROJECT**

GENERAL SUBJECT AREA OR TITLE \_\_\_\_\_

I understand that it is my responsibility to keep informed of all Honors Committee correspondence and notices (which will be sent to my email) and that I must notify the Director of any changes in my approved project proposal and/or the names of the faculty members with whom I will be working. I further understand that it is my responsibility to ascertain that program requirements/deadlines have been met by checking with Dr. John Reinfelder, Director, Office: Environmental Building, Room 260, Phone: 848/932-5737 and/or Janice Geiger at [geiger@sebs.rutgers.edu](mailto:geiger@sebs.rutgers.edu).

\_\_\_\_\_  
Signature of applicant  
(See other side) Date: \_\_\_\_\_

Name: \_\_\_\_\_ Page 2

**FACULTY MEMBERS WORKING WITH YOU**

\*PROJECT ADVISOR: \_\_\_\_\_ DEPARTMENT \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

(Mailing address, if not on campus: \_\_\_\_\_)

Signature: \_\_\_\_\_

(SEBS) CO-ADVISOR (if applicable): \_\_\_\_\_ DEPARTMENT \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Signature: \_\_\_\_\_

READER (or Reviewer): \_\_\_\_\_ DEPARTMENT \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Signature: \_\_\_\_\_

\*Must have faculty member signature.