



**TOWSON UNIVERSITY PSYCHOLOGY  
HONORS THESIS PROGRAM APPLICATION**

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**To be eligible to apply, a student must:**

- Be a psychology major.
- Have accumulated at least 60 credit hours upon entering the program.
- Be willing to commit to three consecutive semesters of coursework and completion of a research project beginning in the spring of the year following acceptance into the program.
- Have an Overall GPA of at least 3.25, including all transfer credits.
- Have a Psychology major GPA of at least 3.5, including all transfer credits.
- Have no honors violation convictions on his/her academic record.

**Application requirements: Incomplete applications will not be considered.**

- Completed application form (information sheet and current grades sheet).
- Faculty recommendation form, to be returned to student in a sealed envelope.
- Essay discussing reason(s) for wanting to participate in the Honors Thesis Program, relevant experiences, future goals, and information about your thesis project and your past relationship with your chosen mentor (500 words in length, typed and double-spaced).
- Submission of application packet emailed to Honors Thesis Program Director no later than the **last Friday in October each year.**

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Name: \_\_\_\_\_

Student ID Number: \_\_\_\_\_

TU email: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Overall (Cumulative) GPA: \_\_\_\_\_

Psychology Classes GPA: \_\_\_\_\_

Grade in Psychology 212/213: \_\_\_\_\_ Semester completed: \_\_\_\_\_

Grade in Psychology 313/314: \_\_\_\_\_ Semester completed: \_\_\_\_\_

TU Credit Hours Completed: \_\_\_\_\_

Number of Transfer Credit Hours: \_\_\_\_\_

(Include the name of the institution or institutions)

**I hereby affirm that the information I have provided is correct to the best of my knowledge, that the written work I am providing is my own and give permission Dr. Fracasso to review my academic record in relation to my application for the Psychology Honors Program.**

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Signature

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Date



TOWSON UNIVERSITY PSYCHOLOGY DEPARTMENT  
HONORS THESIS PROGRAM

Current Standing in Psychology Courses

Name of applicant: \_\_\_\_\_

Student Identification Number: \_\_\_\_\_

Do you allow the release of this information to the Psychology Honors Program? \_\_\_ Yes \_\_\_ No

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

**Students:** Below, please list all the psychology classes you are taking this semester. Include the name of the class and the name of the instructor. After asking each of your psychology instructors to enter your current course grade, submit this form with your application packet. You may duplicate this form if you wish to have your instructor's evaluations on separate sheets or if you are taking more psychology classes than the available space.

**Faculty:** Please estimate, to the best of your ability, the student's current grade in your course. If you feel that the final grade may be different than the current grade, please indicate that information as well.

_____ COURSE	_____ INSTRUCTOR	_____ CURRENT GRADE
_____ COURSE	_____ INSTRUCTOR	_____ CURRENT GRADE
_____ COURSE	_____ INSTRUCTOR	_____ CURRENT GRADE
_____ COURSE	_____ INSTRUCTOR	_____ CURRENT GRADE
_____ COURSE	_____ INSTRUCTOR	_____ CURRENT GRADE



TOWSON UNIVERSITY PSYCHOLOGY DEPARTMENT  
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FACULTY RECOMMENDATION FORM

This section to be completed by applicant.

Name of applicant: \_\_\_\_\_

Student Identification Number: \_\_\_\_\_

Do you waive the right to access this information? \_\_\_\_\_ Yes \_\_\_\_\_ No

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

- This section to be completed by a Psychology Department faculty member.
- Completed form should be returned to student in a sealed, signed envelope.

*Please note that completion of this form does not imply that the faculty member agrees to serve as an advisor for the candidate.*

How do you know the applicant? \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

How would you rate this applicant's ability to successfully complete the Psychology Honors Program at Towson University?

- \_\_\_\_\_ Highest probability of success
- \_\_\_\_\_ High probability of success
- \_\_\_\_\_ Average probability of success
- \_\_\_\_\_ Moderate probability of success
- \_\_\_\_\_ Poor probability of success

Please use the space below to provide any comments that you feel may help in accurately assessing this applicant. Comments are **optional**. (There is no need to attach a separate letter.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Faculty Name (please print): \_\_\_\_\_

Signature

Date