

Healthcare Administration Honors Program Application

Date: _____

Student

Name: _____

Address: _____

Phone #: _____ ID #: _____

1st Major: _____ 2nd Major/Minor: _____

Title/topic of research project: _____

Rhode Island College faculty supervisor

Name: _____

Signature: _____

Department: _____

Office #: _____

Email: _____

Attach the following documents:

- Final transcripts from all other colleges attended
- Complete transcript to date from Rhode Island College.
- Letter of recommendation from a faculty member.
- Hard copy of the research proposal

Return this document and all attachments to:

Sankeerth Rampa
Assistant Professor, HCA Program
School of Business
Rhode Island College
211 Alger Hall
600 Mt. Pleasant Ave.
Providence, RI 02908