



HONORS PROGRAM

HONORS PROJECT APPROVAL FORM

I. Name _____ SS# _____
Campus Address _____ Campus Phone _____
Semester _____ Year _____

II. Course Title _____
Course # _____ Section _____ CRN # _____
Credit Hours _____ Instructor _____

III. Brief Statement Describing the Honors Project:

IV. Signatures: Student _____
Instructor _____
Honors Coordinator _____