



PROPOSAL FOR HONORS DESIGNATED CREDIT
(TO BE COMPLETED BY INSTRUCTOR)

Course Prefix and No. _____

Student's Name: _____ Semester _____

DESCRIPTION OF HONORS REQUIREMENTS (in addition to regular requirements and outcomes)

EVALUATION BY THE INSTRUCTOR *(The instructor will indicate successful or unsuccessful Completion)*

Approvals:

Student: _____ Date: _____

Faculty Instructor: _____ Date: _____

Executive Director: _____ Date: _____

Registrar: _____ Date: _____

Faculty Instructor: _____ Date: _____
(Signature confirms completion of course requirements)

This form should be signed at the beginning of the semester and routed to the registrar where it will be kept until semester's end when it will be sent back to the instructor for confirmation of completion of honors designation requirements.