



Honors Independent Study Form

HON 399

Name: _____

SSN: _____

Local Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Local Phone: _____ Email: _____

Faculty Member who will oversee your project: _____

Campus Address for Faculty: _____

Faculty Phone: _____ Faculty Email: _____

Semester you will enroll for HON 399: _____ Number of Credits: _____

In the space below, describe the nature of your independent study. Include specific assignments, texts, and dates you will meet with your faculty member:

Student Signature

Date

Faculty Signature

Date

Once this form has been filled out and signed by the student and the faculty member it should be turned in to the Honors Office in Larzelere 112. Upon Honors Office approval you be given a bump card to enroll in the class. At the conclusion of the semester the faculty member must communicate the student grade to the Honors Office. The Honors Office will then inform the Registrar's Office of the grade.

Director or Associate Director of Honors Program

Date