

APPLICATION FOR HONORS COURSE



Office of Registration and Records
Phone: (630) 617-3250
FAX: (630) 617-3245

STUDENT NAME _____ DATE _____

Last First Middle

STUDENT SOCIAL SECURITY NUMBER _____ / _____ / _____

(Circle) TERM: Fall January Spring Summer YEAR _____

Courses to be used in Honors Program:

Prefix	No.	Section	Title	Credit	Instructor

Instructions to Supervising Faculty: You are requested to assist this student in meeting the requirements of the Honors Program. In order to qualify to be accepted as part of the Honors Program, the course must be a full (one credit) course and require the student to do extra assignments in addition to those which are usual course components. These assignments should include significant individual research resulting in a written document of high quality. Please describe the additional course work in the space provided below.

Description/explanation of additional course work required for Honors Course designation:

Signature of Instructor Date Signature of Student Date

White: Registration and Records Yellow: Honors Committee Pink: Instructor Goldenrod: Student 03/04