



**HONORS COURSES** (Please include in department index computation)

| Course Number | Number of Credits | Grade | Verified by Dept. |
|---------------|-------------------|-------|-------------------|
|               |                   |       |                   |
|               |                   |       |                   |

**Student:** Please List all current courses, including those not in major

| Course Number | Course Name | Number of Credits | Section Number and Instructor's name |
|---------------|-------------|-------------------|--------------------------------------|
|               |             |                   |                                      |
|               |             |                   |                                      |
|               |             |                   |                                      |
|               |             |                   |                                      |
|               |             |                   |                                      |
|               |             |                   |                                      |

**SUBSTITUTIONS:** LIST COURSES SUBSTITUTED FOR REQUIRED COURSES, IF ANY

| Required Course Number | Substitute Course Number | Number of Credits | Initials of Dept. Chairmen |
|------------------------|--------------------------|-------------------|----------------------------|
|                        |                          |                   |                            |
|                        |                          |                   |                            |
|                        |                          |                   |                            |

**ADVISORS:** Reasons for any requirements waived or any substitution for required courses must be explained and must be initialed by department chairmen.

I HAVE REVIEWED THE ABOVE APPLICATION AND HEREBY CERTIFY THAT THE COURSES LISTED, IF COMPLETED AS PROPOSED, WILL SATISFY OUR BASIC REQUIREMENTS FOR DEPARTMENTAL HONORS.

\_\_\_\_\_  
Signature of Dept. Advisor

\_\_\_\_\_  
Date

**CHAIRPERSON:** Final verification and signature of chairperson is required on ALL application for Departmental Honors.

\_\_\_\_\_  
Signature of Chairperson

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department