

HONORS COMPLETION RECORD

NAME:

DATE:

ID#

COURSE	SEMESTER	GRADE

CAMPUS LIFE/SERVICE REQUIREMENT

Identify the activities completed to meet the 30 hours required

Attach verification of hours with this sheet

ACTIVITY	HOURS

COMMENTS:

Please list the institutions for which you will be applying:

- 1
- 2
- 3
- 4

If a private, out-of-state institution, please include the address.

I give my permission for the Honors Program Coordinator/Counselor to review my transcript.

Student Signature

Honors Program Action Date	Complete	In progress	Denied