



Honors ADD-ON FORM

Date: _____

Student Name: _____

I.D. Number: _____

Course Name: _____

Number: _____

Section: _____

Year: _____ Term: _____

Instructor's Name: _____

Instructor's Signature: _____

Nature of work: *(To be filled in by faculty):*

Part/percent of grade: _____

Signature of Honors Director/Co-Director: _____

Registrar: _____

Date: _____

Registrar will keep the original and return the copy to the Honors Signatory.