

# ΣΗΑ

## Sigma Eta Alpha (Shorter Honors Academy) Add-On Form

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

I.D. Number: \_\_\_\_\_

Course Prefix: \_\_\_\_\_ Number: \_\_\_\_\_ Section: \_\_\_\_\_

Year: \_\_\_\_\_ Term: \_\_\_\_\_

Nature of add-on work: *(to be filled in by instructor):*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Instructor's Name: \_\_\_\_\_

Instructor's Signature: \_\_\_\_\_

Signature of Honors Director: \_\_\_\_\_

Registrar: \_\_\_\_\_

Date: \_\_\_\_\_

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