


HONORS FORM EXAMPLE

http://www.emich.edu/honors/curriculum/forms.php

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The Honors College at Eastern Michigan University

HONORS CONTRACT

Student Name (printed): _____

EID: _____ **Emich Email:** _____

***Semester & Year:** _____ **Department of Course:** _____
*If Summer semester, indicate Summer A or B

COURSE PREFIX	COURSE NUMBER	CREDIT HOURS	5-DIGIT CRN NUMBER	TYPE (circle one)
				Contract Honors Online Course
				500-Level Course General Education

Project Description: Please type a description of your Honors project on a separate sheet and attach it to this form.
Project Deadline: _____

Student Signature: _____ **Date:** _____

Instructor Printed Name: _____

Instructor Signature: _____ **Date:** _____

Dept. Honors Advisor Printed Name: _____

Dept. Honors Advisor Signature: _____ **Date:** _____

ONLY REQUIRED IF CONTRACTED COURSE IS A GENERAL EDUCATION COURSE


Honors College Staff Member Signature _____ **Date:** _____

The Honors College Approval to Post to Transcript

 Assistant Vice President or designee **Date:** _____

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The Honors College at Eastern Michigan University

Community Service Agreement

Return to: The Honors College **OR** **Email to:** emuhonors@emich.edu
 511 W. Forest Ave
 Eastern Michigan University

DIRECTIONS:
 When you have completed your service activity, have your supervisor sign the community service agreement. Then, return the original copy to The Honors College and keep a copy for your personal records.

IMPORTANT:

- If your community service activity is not through The Honors College, VISION (www.emich.edu/vision) or one of VISION's community partners, you are **REQUIRED** to have an Honors College staff member pre-approve and sign your community service agreement.
- If you do not receive pre-approval, there is no guarantee your service will be counted toward your requirements.

Student Name (printed): _____	
Student Signature: _____	
EID: _____	Emich Email: _____
Date(s) of Community Service Project: _____	Total Number of Hours: _____
Project Description: _____	

Supervisor's Printed Name _____ **Title and Organization** _____


Supervisor's Signature _____ **Date** _____

PRE-APPROVAL

Honors College Staff Member Signature _____ **Date** _____

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The Honors College at Eastern Michigan University

Honors Experience Form

Return to: The Honors College **OR** **Email to:** emuhonors@emich.edu
 511 W. Forest Ave
 Eastern Michigan University

DIRECTIONS:
 When you have completed your Honors Experience, have your supervisor sign the Experience Form. Then, return the original copy to The Honors College and keep a copy for your personal records.

IMPORTANT:

- If you are uncertain if your experience will qualify, you need to have an Honors College staff member pre-approve and sign your Honors Experience Form.
- If you do not receive pre-approval, there is no guarantee your experience will be counted toward your requirements.
- You are **REQUIRED** to submit a one-page (minimum) reflection paper describing your Honors Experience. Your form will **NOT** be accepted without an attached reflection paper.

Student Name (printed): _____	
Student Signature: _____	
EID: _____	Emich Email: _____
Anticipated Semester of Graduation: _____	Department: _____
Academic Major or Minor as listed in the catalog: _____	
<small>*Please note: You will receive Departmental Honors in your <i>major or minor</i>. If your major or minor falls under the Chemistry Department, you will receive Departmental Honors in <i>Chemistry</i>.</small>	

Course applied toward Dept. Honors	Semester completed or anticipated to be completed in	Number of credit hours
TOTAL CREDIT HOURS:		
12 Honors credits minimum. Please see your Department for any specific requirements.		

Additional Honors Requirements per Department (if applicable—Independent study hours, additional credits, presentation, etc.)

Supervisor's Printed Name _____ **Title and Organization** _____


Supervisor's Signature _____ **Date** _____

PRE-APPROVAL

Honors College Staff Member Signature _____ **Date** _____

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The Honors College at Eastern Michigan University

Intent to Pursue Departmental Honors

Return to: The Honors College **OR** **Email to:** emuhonors@emich.edu
 511 W. Forest Ave
 Eastern Michigan University

DIRECTIONS:

- Please complete this form with your Departmental Honors Advisor. This form should be submitted before you submit your Senior Thesis Proposal to ensure that your Honors courses will count towards Departmental Honors in your major or minor.
- Return original to The Honors College and retain a copy for your personal records.

Student Name (printed): _____	
EID: _____	Emich Email: _____
Anticipated Semester of Graduation: _____	Department: _____
Academic Major or Minor as listed in the catalog: _____	
<small>*Please note: You will receive Departmental Honors in your <i>major or minor</i>. If your major or minor falls under the Chemistry Department, you will receive Departmental Honors in <i>Chemistry</i>.</small>	

Course applied toward Dept. Honors	Semester completed or anticipated to be completed in	Number of credit hours
TOTAL CREDIT HOURS:		
12 Honors credits minimum. Please see your Department for any specific requirements.		

Additional Honors Requirements per Department (if applicable—Independent study hours, additional credits, presentation, etc.)

Departmental Honors Advisor Signature _____ **Date** _____

Student Signature _____ **Date** _____

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