Expected graduation date: ___ December ___ May ___ Year: ________

Name: __________________________________________________________
     Last Name                   First Name                     Middle Name

To the student: Bring this form and a current transcript to the department representative who can
determine your eligibility for department honors. Return the completed form to the Academic
Advising Office by the end of March for May graduates and no later than the end of November for
December graduates.

To the department representative: Check the appropriate choice below. If work is in progress for honors
this semester, indicate that work in the space below. If the student is not eligible for honors, no action is
required.

_____ The above named student has completed all requirements for honors in the major.

_____ The above named student will have completed all requirements for honors in the major when the
remaining requirements below have been completed.

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<th>To be completed:</th>
<th>Comments:</th>
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Approved by: __________________________ Date: __________________

Signature

Print name here: ____________________________________________________________