JOHNS HOPKINS
UNIVERSITY

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Honors Clearance Form

Major _____

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.

To be completed:	**Comments:**

Approved by: _____ Date: _____
Signature

Print name here: _____