UNIVERSITY HONORS PROGRAM

FULFILLMENT OF DEPARTMENTAL
HONORS REQUIREMENTS

_____   _____
Name   Graduation Term

_____
Address   City   State   Zip

_____   _____
Email Address   UID

Student has completed or is expected to complete all requirements for graduation with Honors in:

_____
Department or Program

Anticipated Completion Date: _____

To graduate with Honors, this student has done the following: (please list any special courses, examinations, independent studies, or Honors theses/papers.).

1.

2.

3.

4.

_____
Honors Project Title *(final title only)*

_____   _____
Faculty Project Advisor *(for program recognition)*   Signature

_____   _____
Department Chair, Dep Honors Liaison, or College   Signature
Honors Faculty Leader

Return to the University Honors Program (honors@wright.edu or 101 Student Success Center).