



AGREEMENT FORM

HONORS COLLEGE
University of Illinois at Chicago

TO THE STUDENT: Please complete all information, obtain all signatures, and submit to the Honors College office by **4:00 p.m., Friday of the third week of the semester.** Completion of this proposal and submission of a Completion Form by the end of finals week will satisfy the Honors College requirement of an honors activity each semester.

(PLEASE PRINT)

Name: Last			First			Middle								
UIN						E-Mail Address								
Term effective						Date form completed			Student's College					
<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer						Month Day Year _____ 20 _____			<input type="checkbox"/> Applied Health Sciences <input type="checkbox"/> Dentistry <input type="checkbox"/> Liberal Arts and Sciences <input type="checkbox"/> Architecture and the Arts <input type="checkbox"/> Education <input type="checkbox"/> Nursing <input type="checkbox"/> Pharmacy <input type="checkbox"/> Business Administration <input type="checkbox"/> Engineering <input type="checkbox"/> Urban Planning and Public Affairs					

TYPE OF PROPOSED HONORS ACTIVITY	Course Reference Number	Subject	Course Number	Credit
_____ Course (Complete course number section at right.) If honors core or seminar, please give title: _____	_ _ _ _	_ _ _ _	_ _	0 0
_____ Honors supplement to course (Please provide CRN, subject, course number, and credit hours.)	_ _ _ _	_ _ _ _	_ _	0 0
_____ Honors College Tutoring	_ _ _ _	_ _ _ _	_ _	0 0
_____ Independent study—course credit*	_____ Study Abroad			
_____ Independent study—no credit	_____ Volunteer Services (Give description below.)			
_____ URA (Undergraduate Research Assistant) You must also submit a URA Supplemental Form.	_____ Other (Please explain below.)			

Please describe the honors activity specifically. If an honors course is listed in the schedule of classes, please list title below. Attach another sheet if necessary.

I have registered for HON 222 Yes No

Signature of Student _____	Date _____	Signature of Activity Supervisor _____	Date _____
Signature of Fellow, Honors College Approval _____	Date _____	Please Print Name of Activity Supervisor on this Line. _____	
Please Print Name of Fellow on this Line. _____		Honors College Receipt _____	Date _____

*To obtain course credit, see department offering course.
**Please complete and submit one form for each activity.
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