



COMPLETION FORM

HONORS COLLEGE
University of Illinois at Chicago

TO THE STUDENT: Please complete all information, obtain your honors activity supervisor's signature, and submit to the Honors College office **by 4:00 p.m., Friday of final exam week** to assure that you get credit for your honors work.

(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*	_____ URA (Undergraduate Research Assistant Program)			
_____ Independent study—no credit	_____ Volunteer Services (Give description below.)			
_____ Study Abroad	_____ Other (Please explain below.)			

Please describe the completed honors activity. Be specific. Attach another sheet if necessary.

Signature of student _____	Date _____	Faculty/Supervisor signature _____	Date _____
Honors College receipt _____	Date _____	Please print name on this line. _____	

FACULTY/SUPERVISOR COMMENT (If additional space is needed, attach another sheet):

Faculty/Supervisor signature _____	Date _____
Please print name on this line. _____	