



# CAPSTONE 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			

**COURSE ENROLLMENT (if any) associated with your honors capstone (do not include HON 322):**

Course Reference Number	Subject	Course Number	Credit
			0   0
			0   0
			0   0

**Please attach your capstone proposal form for the semester for your advisor's review.**

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. \_\_\_\_\_

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