



Honors Program

Honors Augmentation Request Form: HN 260 (1 credit hour)

Student Name _____ **ID** _____

Circle one: FR SO JR SR **Number of Previous Augmentations** _____

Course for Augmentation: _____

Professor of Course: _____

Semester _____ **Credit Hours of Course** _____

*To be completed by student: Rationale/Reason for Requesting Augmentation

*To be completed by Cooperating Faculty Member: Describe Work to Comprise Augmentation

Faculty Signature _____ **Date** _____

Student Signature _____ **Date** _____

Honors Advisor Approval _____ **Date** _____

*NOTE: Student must be member in good standing of the Honors Program. Request must be submitted prior to the beginning of the semester, and no more than two augmentations may be approved.

Revised November 2018