

PART II: VERIFICATION OF COMPLETION OF HONORS REQUIREMENTS
(Due at least four weeks prior to date of graduation)

First Name: _____ Last Name: _____

UI ID #: _____ Hawk ID: _____

E-mail: _____ Major: _____

Graduate date: _____

- Achievement of required GPAs:

College: _____ Cumulative: _____

- Title of completed honors project

HONORS PROJECT SPECIFICS:

1. Completed written report: _____
(Date report was submitted to Honors Director)

2. Completion of presentation: _____
(Date of when you presented)

3. Completion of the college honors seminar: _____
(Semester when you took Honors Seminar) 11

4. Signatures of both honor committee members, certifying achievement of honors status.

Department Honors Advisor: _____

Honors Project Faculty Mentor: _____

5. Honors Director Approval: _____

Date Accepted: _____

Copies: Departmental Honors Advisor
Honors Project Faculty Mentor
Honors Student