SAINT MICHAEL'S COLLEGE
Honors Program, Box 353
One Winooski Park
Colchester, Vermont 05439
Telephone: (802) 654-2390
Fax: (802) 654-2610

TAKING A NON-HONORS COURSE FOR HONORS PROGRAM CREDIT

Note: Please return completed form *and a copy of the course syllabus* preferably by the end of the add/drop period for the semester in which the course is being taken to:

Dr. F. Nicholas Clary, Coordinator of the Honors Program, St. Edmunds 343.

Student Name: _____ Date: _____

Student I.D. #: _____ Student Email: _____

Faculty Name: _____ Course Number: _____

Semester and Year Taken: _____ Graduation Year: _____

Description of the Honors component for the course that earns the designation "Honors." Ideally this arrangement, which is made in consultation with the Professor, should involve a mentoring dimension. Please refer to the Guidelines in the Honors Program Handbook (section VIII). Be as specific as possible, and use the reverse of this form if extra space is necessary:

_____

_____

_____

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_____

_____

_____ (student name) is in the process of completing the course indicated above as a requirement for the Saint Michael's College Honors Program. Upon successful completion, this course will fulfill an Honors Program requirement.

Faculty Signature: _____ _____
Department or Program

Student Signature: _____ Approved: _____
Dr. F. Nicholas Clary
Coordinator of the Honors Program