



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

## SENIOR CAPSTONE (or the equivalent) FOR HONORS PROGRAM STUDENTS

**Note: Please return the completed form by April 24<sup>th</sup> 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 Senior Honors Program Project. Please refer to the Guidelines in the Honors Program Handbook (section VIII).**

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\_\_\_\_\_ (student name) has already completed the Senior Capstone Course or its equivalent, satisfying the senior Honors Program requirement.

**Faculty Signature:** \_\_\_\_\_ Department or Program

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\_\_\_\_\_ (student name) is in process of completing the Senior Capstone Course or its equivalent. Upon successful completion, the senior Honors Program requirement will be satisfied.

**Faculty Signature:** \_\_\_\_\_ Department or Program

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**Student Signature:** \_\_\_\_\_ **Approved:** \_\_\_\_\_  
Dr. F. Nicholas Clary  
 Coordinator of the Honors Program