University Honors Program Project Registration

Date:_____ Name:_____ Royal ID:_____
Last First M.I.

Major(s):_____ Term:_____ 20_____

Minor(s):_____ School: ◯ CAS ◯ PCPS ◯ KSOM

Cell #:_____ Email:_____@scranton.edu

Project:_____/_____/ Course Number No. of Credits:_____
Department Course Prefix Number

Course Title:

◯ Honors Project I

◯ Honors Project II

Description of Project(1-3 Sentences)

CURRICULUM APPLICATION:

◯ Major Elective _____ ◯ Cognate Elective _____ ◯ Minor Elective _____
Major Course Subject/Number Cognate Course Subject/Number Minor Course Subject/Number

◯ Concentration Elective _____ ◯ Free Elective
Concentration Course Subject/Number

If substituting for a required course, i.e., not an elective, a separate substitution form must be completed.**

APPROVALS: 1. Professor 2. Chair 3. Director 4. Dean

Please note: The form is due by the last day to add a course in the requested term.

1. **Project Professor Signature* *Date* *Professor* *Department*

   _____ _____ _____ _____

   **Full-Time Faculty only unless otherwise approved*

2. *Chair/Program Director of Department granting credit* *Date*

   _____ _____

3. *Director, University Honors Program* *Date*

   _____ _____

4. *Dean, Student's College* *Date*

   _____ _____

5. *Dean, Faculty College (if different)* *Date*

   _____ _____

Registrar Use Only:

Term:_____CRN:_____

Date:_____Intials:_____