
BA 4994H – HONORS DIRECTED RESEARCH



AUTHORIZATION FORM

Name _____ ID# _____

E-mail address _____

Term(s) & Year(s) of Registration for this course _____

Proposed # of Credits (1-4) _____

{Please be careful when registering to make sure that the number of credits matches what is approved.}

Content for this form should be developed in collaboration with the faculty member sponsoring you. Submit this form and its attachment to the Faculty Honors Representative (Dr. Colleen Manchester) for approval, and then bring the completed, approved form to the Undergraduate Program Office, 2-190 Hanson Hall, for permission to register for the credits. This should be done prior to the start of the term in which you want to register for the credits.

PROPOSAL: Please attach a 1-2 typed page description of your proposed project, including the following information:

1. A detailed overview of the project;
2. Clearly defined learning outcomes of the project;
3. Grading criteria used to determine final grade for the project;
4. Frequency and nature of your contact with your faculty sponsor;

Faculty Name _____ Dept. _____

Faculty Signature _____ Date _____

Honors Representative Action: Approved _____ Not Approved _____

Comments:

Honors Representative Signature _____ Date _____