

School of Kinesiology

Honors Completed Requirement

Student Name: _____

Student ID Number: _____

Semester/Year: _____

Course: _____

Please summarize the work completed by the student to qualify for Departmental Honors credit.

Student Name (Printed)

Instructor Name (Printed)

Student Signature

Instructor Signature

Date

Date

It is the student's responsibility to submit this form to the School of Kinesiology departmental representative.