# School of Kinesiology

**Honors Completed Requirement**

Student Name: _____ Student ID Number: _____

Semester/Year: _____ Course: _____

Please summarize the work completed by the student to quality 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.**