THE KNOX COLLEGE HONORS PROGRAM
2019-2020 APPLICATION FORM

Application Deadlines:

*Applications will be reviewed on a **rolling basis** through the **general deadline of Tuesday, September 24, 2019**. **Summer applications are strongly encouraged.** ELECTRONIC VERSION:* Honors Application

Applications will be accepted beginning Monday, May 6, 2019. *Students who meet the Honors GPA requirement (cumulative GPA of 3.3 or higher) and have the endorsement of their full Honors committee may at any time.*

Contact Information: *Please provide contact information by which we can reach you if there are questions about your application.*

Name: _____ Student ID #: _____

Major(s): _____ Minor(s): _____

Email: _____ Phone #: _____ K-Box #: _____

Cumulative GPA: _____

If your GPA is below the 3.3 requirement, please refer to the program guidelines on how to request a waiver.

Intended Graduation Date: _____

If you are applying to conduct honors and earn honors credit in your junior year, please refer to the program guidelines and submit additional materials as described.

Disciplinary Field(s) of your Proposed Project: _____

Tentative/Working Title: _____

Project Information: _____

Honors Credits To Be Earned by Term

Fall: ☐ 0.5 ☐ 1.0   Winter: ☐ 0.5 ☐ 1.0   Spring: ☐ 0.5 ☐ 1.0

If you are requesting more/less than 3 credits of Honors, or more/less than 1 credit in any given term of Honors, please refer to the program guidelines and submit additional information as described.

Honors Committee (print full names clearly):

Chair: _____

Member: _____

Member Outside Department: _____

Optional 4th Member: _____

Publicity/Marketing Release: Do you give permission for your name to be released as a candidate for Honors for use in publicity and marketing materials?   ☐ Yes   ☐ No

By signing below, I confirm that the information provided here is correct to the best of my knowledge. I give permission to the Associate Dean of the College and the Academic Standing Committee to access my academic records to aid in the review of my proposal.

_____   _____
Student Signature   **Date**

By signing below, I confirm that I have agreed to serve as faculty chair of this honors committee, and that I have reviewed and approved the student's project proposal and application materials to apply to the Knox College Honors Program.

_____   _____
Faculty – Committee Chair Signature   **Date**

Please attach your project proposal and any supplementary materials to this form and submit them to:
Office of the Associate Dean of the College • Old Main Room 101 • Knox College Box K-146