
(To be completed by the student and the Departmental Honors Advisor and returned to the Honors Program, Box 352800)

Student Number: _____

Full Legal Name: _____
(Last, First Middle)

This student has been invited into the _____
Departmental Honors Program. * (Department Name)

Quarter and year begun/to begin Honors Departmental curriculum: _____
(Qtr. Year)

OTHER STUDENT INFORMATION

Are you currently a member of the University College Honors Program? Yes ____ No ____

Have you already been admitted to other Departmental Honors Programs? Yes ____ No ____

Please list the departments: _____

Mailing Address: _____

Phone Number: _____

Email: _____

Quarter and year entered/entering University of Washington: _____

Total Number of College Credits: _____ Cumulative GPA: _____

I have read and understand the Departmental Honors requirements and reviewed them with my advisor. I recognize that if I do not complete the Departmental Honors requirements for at least one of my majors, I will not graduate with Honors.

Student Signature: _____ Date: _____

Departmental Advisor: _____ Date: _____

* A student already in College Honors will work toward a Bachelor's Degree "with College Honors;" students entering Honors only through their department(s) will work towards a degree "with Distinction."