HONORS OPTION POINTS VERIFICATION FORM
Edinboro University Honors Program

Please complete this form and submit it to the Honors Office. Note that some options require additional supplemental materials which are to be submitted at the same time as this form.

For all options, please include a typed 3-4 sentence description of the work.

Student Information
Student Name ________________________________
Banner ID Number ________________________________
University Email ________________________________

Travel Course (2 HOPs)
Host Institution: ________________________________
Dates of Travel: ________________________________
Location: ________________________________
Please attach a copy of your grade report or transcript with this form.

Community Service Project (1-3 HOPs)
Start and End Date: ________________________________
Company/Location: ________________________________
Please attach a copy of your grade report or transcript with this form.

Internship OR Student Teaching (1-3 HOPs)
Start and End Date: ________________________________
Company Name: ________________________________
Company Address: ____________________________________________

Research Project/Creative Activity or Independent Study (2 HOPs)
☐ Research Project or Creative Activity (noncredit-bearing)
☐ Independent Study (credit-bearing)
Title of Work: ________________________________
Start and End Date: ________________________________
Presentation Date: ________________________________

Conference Presentation or Gallery Show (1-2 HOPs)
☐ Regional/University Conference Presentation or Gallery Show (1 HOP)
☐ National/International Conference Presentation or Gallery Show (2 HOPs)
Title of Work: ________________________________
Conference Name: ________________________________
Presentation Date: ________________________________
Please attach a copy of your abstract with this form.

Revised on 05/02/2016
Publication of Research (2-3 HOPs)

☐ Peer Reviewed Undergraduate Journal (2 HOPs)
☐ Peer Reviewed Professional or National Journal (3 HOPs)

Title of Work: ________________________________
Journal Name: ________________________________
Publication Date: ______________________________

Please attach a copy of your article or abstract with this form.

Verification

Supervisor Name: ________________________________
Supervisor Title: ________________________________
Supervisor Signature: ________________________________

I hereby acknowledge that all information included in this form is true and accurate.

________________________________________________
Student Name (Please Print)

________________________________________________  _____________
Student Signature                               Date

For Office Use Only:

☐ Approved           ☐ Denied

________________________________________________  _____________
Honors Director Signature                          Date