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 for a travel course for college credit) –or– *(1 HOP for travel experience only with no college credit – must attach a 500 word summary describing educational experience)
Host Institution:
Dates of Travel:
Location:
Please attach a copy of your grade report or transcript with this form or, if required, a *500 word summary - See above details. *

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:

Revised on 09/18/17
Conference Name: ______________________________
Presentation Date: ______________________________

*Please attach a copy of your abstract with this form.*

**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.*

**Minor (2 HOPS)**
Start and End Date: ______________________________
Company Name: ______________________________
Company Address: ___________________________________________

*Please attach a copy of your SCOTs Degree Works Minor requirements.*

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**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

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**For Office Use Only:**

☐ Approved  ☐ Denied

______________________________________________  ____________
Honors Director Signature  Date

Revised on 09/18/17