HONORS PROGRAM

Return completed and signed form with attached syllabus to: Main, Bldg. 3034, Suite 200

For more information, contact:
Honors Advisor, Barbara Dover, doverb@tamug.edu
Honors Chair, Dr. Katherine Echols, echolsk@tamug.edu

Deadline: One week prior to the start of the semester

APPLICATION FOR WAIVER OF HONORS ELIGIBILITY REQUIREMENT

Please print.

Name: _______________________________________________

UIN: ______________________ Classification(Freshman, Sophomore, etc.): ________________

Major: ________________ Changing Major: ☐ Yes ☐ No Intended Major: ________________

Waiver Semester: ☐ Fall ________ ☐ Spring ________ Honors Credits Completed: __________

JUSTIFICATION INFORMATION

Please discuss the cause(s) for your cumulative G.P.A. to fall below 3.5: ______________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________
What measures are you already taking to raise your G.P.A.: ________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Why do you want to remain in Honors: ________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________ 

Are there any preferred days and times of the week you would like your coaching appointments: (please include work schedule issues)
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________ 

To be completed by the Honors Program office.

Date Submitted __________

Honors Program Advisor ________________________________
Date __________

Honors Program Chair ________________________________
Date __________

Waiver □ Approved □ Denied

Explanation for denial
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

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