

HONORS PROGRAM

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

For more information, contact:

Honors Advisor, Barbara Dover, <u>doverb@tamug.edu</u> Honors Chair, Dr. Katherine Echols, echolsk@tamug.edu

Deadline: One week prior t to the start of the semester

APPLICATION FOR WAIVER OF HONORS ELIGIBILITY REQUIREMENT

Please print.			
Name:			_
UIN:	Classific	ation(Freshman, Sophomore, etc.,):	
Major:	Changing Major:	Yes No Intended Major:	
Waiver Semester: ☐ Fall	🗆 Spring	Honors Credits Completed:	_
JUSTIFICATION INFORMATION			
		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:
A 4h
Are there any preferred days and times of the week you would like your coaching appointments:
(please include work schedule issues)
To be considered by the Henry Duraness office
To be completed by the Honors Program office.
Date Submitted
Honors Program Advisor
Date
Honors Program Chair
Date
Waiver Approved Denied
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Explanation for denial