



Honors Graduation Check Form

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Phone Number: \_\_\_\_\_ AU Email: \_\_\_\_\_

College: \_\_\_\_\_ Major(s): \_\_\_\_\_

Minor(s): \_\_\_\_\_

Expected Month/Year of Graduation: \_\_\_\_\_

Honors distinction requirements

Table with 4 columns: University Honors Scholar, University Honors Research Scholar, Honors Scholar, Honors Research Scholar. Each column lists requirements such as total honors hours, participation courses, GPA, and seminars.

Please list the distinction which you are planning to graduate with: \_\_\_\_\_

Have you completed the requirements for this distinction already? Yes [ ] No [ ]

Please list the total number of Honors hours you have completed below:

Academic hours: \_\_\_\_\_ Participation hours: \_\_\_\_\_ Senior Year Experience hours: \_\_\_\_\_

Please list the courses you will take or contract (and the term you plan to complete them) to earn any remaining requirements for graduation with your Honors distinction:

Course: \_\_\_\_\_ Term: \_\_\_\_\_

Course: \_\_\_\_\_ Term: \_\_\_\_\_

Course: \_\_\_\_\_ Term: \_\_\_\_\_

Course: \_\_\_\_\_ Term: \_\_\_\_\_

Notes:

Office Use Only: Hours completed: Hours remaining: Distinction: Term:

By signing below, I certify that the information contained above is true and accurate.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_