

Honors in Psychology
Course Approval Form

Student Name: _____ Course Number: _____

Course Title: _____

SUID: _____ Professor: _____

Email: _____ Semester/Year: _____

Briefly describe the additional requirements for honors in this course:

Title (If this is for Thesis I or Thesis II):

Signatures:

Student Date Professor Date

THIS FORM MUST BE SIGNED BY YOUR ADVISOR AND DR. BERTRAM IN ORDER TO OBTAIN HONORS CREDIT

Dr. Bertram Date Advisor Date
Honors Chair