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:

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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
Honors Chair

Advisor Date

Copies to: Dr. Bertram, Course Professor, Student, Student File, Registrar  8/2019