

HONORS PROGRAM COURSE SUBSTITUTION FORM

Name: _____ ID: _____

Email: _____

Major: _____ Minor: _____

Honors Course(s) requested to be substituted toward the 6 hours of AFLS Honors course work requirement:

| Course ID | Course Title | Year/Semester |
|-----------|--------------|---------------|
|-----------|--------------|---------------|

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Justification for this request:

Signatures

Honors Mentor _____ Date _____

Student Advisor _____ Date _____

Return to Honors Program Director, Duane Wolf, PTSC 115

Copies will be made for AFLS Dean's file, Advisor, and Student

Honors Faculty Committee Vote: Approved Not Approved Date: _____