

College of Education and Human Development Honors Project Completion Form

Last Name

First Name

Street Address

City

State

Zip Code

Email address

Phone Number:

Student ID #

Name of CEHD
Department:

Anticipated
Graduation Date

Cumulative GPA

Numbers of total
hours completed

Numbers of hours
transferred from
other institutions

Name of Project

Name of Faculty
Advisor:

Dept.

Supervising Faculty Advisor: By signing this form, you are indicating that you have reviewed the student's final paper and feel that he/she is prepared to make the final presentation to the Honors & Scholarship Committee.

Faculty Advisor
Signature

Date

Please attach this completed form as a cover page to the final paper and submit to the Honors & Scholarship Committee