

HONORS EXPERIENCE PROPOSAL

This form may be used to request that a special learning experience be approved as an Honors Experience. You should begin this approval process before starting the experience, or as early as possible if it is already in progress. Proposals must be submitted during the term in which the Honors Experience will be completed. Approval is not automatic. Consult your Honors advisor if you have questions.

STEP 1: Complete this form and attach a brief (200-400 word) typed description of the proposed Honors Experience. Your description should address how the Honors Experience meets the criteria specified on the University Honors Program (UHP) Web site at www.honors.umn.edu/academics/honors_experiences.html. *Be sure to clearly articulate how this experience will enhance your program of study or help you advance toward your academic and/or other goals.*

STEP 2: Ask your faculty mentor or supervisor to sign the *Preliminary Approval* line.

STEP 3: Submit this form to the UHP office, 20 Nicholson Hall, to request preliminary approval. Decisions will be made and you will be notified by e-mail. The deadline for submitting proposals for preliminary approval is the end of the sixth week of the term for fall and spring terms, and July 1 for summer term.

STEP 4: After completing the experience, ask your mentor or supervisor to sign the *Final Approval* line, and resubmit this form to the UHP office. The deadline for submitting proposals for final approval is the last day of classes for fall and spring terms, and the first day of the following term for summer term.

STUDENT INFORMATION	
Name (first, middle initial, last)	University ID number
U of M e-mail address	Phone number
Major(s)	Current year (check one) <input type="checkbox"/> Fresh <input type="checkbox"/> Soph <input type="checkbox"/> Jr <input type="checkbox"/> Sr
Honors advisor's name	

EXPERIENCE INFORMATION	
Type of experience (check only one)	
<input type="checkbox"/> Research <input type="checkbox"/> Internship <input type="checkbox"/> Leadership	<input type="checkbox"/> Community involvement <input type="checkbox"/> Learning abroad <input type="checkbox"/> Service learning
<input type="checkbox"/> Tutoring/teaching assistant <input type="checkbox"/> Creative project <input type="checkbox"/> Other co-curricular or special learning	
If you are participating in an established on or off-campus experience, please indicate the name and location.	
Start date	End date
Average hours per week	
Is there a course associated with this experience? <input type="checkbox"/> No <input type="checkbox"/> Yes: _____ (ANTH 4993)	

SUPERVISOR/MENTOR INFORMATION	
Name (first, last)	
Professional title	Department/Organization name
Phone number	E-mail address

PRELIMINARY APPROVAL_____
Supervisor/Mentor signature_____
Date_____
Honors advisor signature_____
Date**FINAL APPROVAL** *(to be completed at the conclusion of the experience)*

This student has completed the project as approved.

Supervisor/Mentor signature_____
Date**RETURN TO:**

20 Nicholson Hall
216 Pillsbury Dr SE
Minneapolis, MN 55455
Tel: 612-624-5522
Fax: 612-626-7314
E-mail: honors@umn.edu

OFFICE USE ONLY

Date entered

Advisor decision entered / E-Mail sent

Completion verification received

Transcript notation complete