

Honors Activity Approval Form

Send your completed form to honors@wcsu.edu for approval. Students are required to complete four honors activities as part of the full program and two activities as part of the associate program.

Name: _____

Type of Activity:

- | | | |
|--|---|---|
| <input type="checkbox"/> Volunteer | <input type="checkbox"/> Internship | <input type="checkbox"/> Campus Employment |
| <input type="checkbox"/> Study Abroad | <input type="checkbox"/> Honors Teaching/Research Practicum | |
| <input type="checkbox"/> Conference | <input type="checkbox"/> Presentation | <input type="checkbox"/> VPAC Involvement |
| <input type="checkbox"/> WCSU Athletics | <input type="checkbox"/> Nursing Clinical | <input type="checkbox"/> Club Executive Board |
| <input type="checkbox"/> Other (specify) _____ | | |

Nature of Activity: _____

Is course credit being earned for the activity? Yes No

Dates/Times of Activity: _____

Total number of hours devoted to the activity: _____

Supervisor Information:

Name and Position: _____

Contact Number/Email: _____

Student's Signature & Date: _____