SMITH COLLEGE
APPLICATION TO ENTER DEPARTMENTAL HONORS – CLASS of 2014

Name __________________________ ID# 99 ___________ Cell phone _____________ Email _____________

(please print)

Completed applications must be submitted to the Director of Honors in your Department by the first day of the semester in which you intend to begin your project.

Please indicate the three-letter designation of the major department or program (for example BIO) in front of the appropriate project course and credits:

______ 431: one-semester honors project course – fall semester only (8 credits)
______ 430D: year-long honors project course (8 credits)
______ 432D: year-long honors project course (12 credits)

Proposed Title of Honors Project

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CHECKLIST

___ The honors project course indicated above is listed as a course in the department or program of my major.

___ I have submitted the letter that certifies I have not received a sanction from the Honor Board that resulted in a grade reduction of 1/3 of a grade or more in my sophomore, junior or senior year to the Senior Class Dean by email at honors@smith.edu or by campus mail to College Hall 101.

___ I have read the guidelines for departmental honors in my major and I will adhere to all requirements and dates stipulated.

___ I have attached a copy of my project proposal, bibliography, and the completed “Calculation of GPA Form” which has been signed by my major adviser and the Director of Honors in my department.

___ If admitted to the departmental honors program, my required project research appointment will take place no later than the Friday of the 6th week of classes.

___ I have read the guidelines for receiving Tomlinson funds and I am ___ am not ___ applying for funds from the Nancy Kershaw Tomlinson Memorial Fund. (If yes, please submit the Tomlinson forms to the department or program with this application.)

Student Signature ___________________________ Date _____________

Signature(s) of Honors Project Adviser(s) ___________________________ Date _____________

Print Name(s) of Project Adviser(s) __________________________________________

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TO BE FILLED OUT BY THE DEPARTMENTAL DIRECTOR OF HONORS:

Please indicate: APPROVE _____ or DENY _____ this application.

Proportionate weight of evaluation used in computing the final honors designation:

Grades in Major: _______ (20%-30%) Thesis: _______ (50%-60%) Honors Exam: _______ (10%-20%)

Signature of Director of Honors ___________________________ Date _____________

Please Print Name of Director of Honors ___________________________

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Subcommittee action (circle one): APPROVED or DENIED Date: __________________

Signature, Chair of Subcommittee on Honors and Independent Programs ___________________________

06/2013