

JAMES MADISON UNIVERSITY HONORS PROGRAM

Honors 499 Application

(PLEASE TYPE OR PRINT CLEARLY)

Date _____

Name _____

PeopleSoft ID # _____

Local Address _____

_____ Honors Scholar; _____ Subj.-Area Honors

E-mail Address _____

Credit Hours Earned _____

Major _____ Phone # _____

Semesters Completed _____

G.P.A (cum) _____ G.P.A. (sem) _____

Date of Graduation _____

Year Entered JMU _____

Title of Project _____

APPROVED:

_____/_____
Faculty Project Adviser Dept.

Signature of Applicant

Signature of Faculty Project Adviser

EVALUATION COMMITTEE (READERS):

_____/_____
Reader I Dept.

Department Head or School Director

Signature of Reader I

Signature of Department Head/School Director

_____/_____
Reader II Dept.

Dean of College

Signature of Reader II

Signature of Dean

Signature of Director of Honors Program

Date of Approval

OVER

PROPOSAL

On a separate sheet or sheets, provide the following:

- I. Purpose and Objectives**
- II. Tentative Outline**
- III. Methodology and Timeline**
- IV. Bibliography**