

MISSOURI STATE UNIVERSITY
HONORS COLLEGE
COMPONENT PROPOSAL

STUDENT NAME _____ SSN _____

SEMESTER _____ COURSE CODE _____ CATALOG
CREDIT HOURS _____

Description of component (What **extra** or **different** work will the student do?):

(NOTE: The student is expected to participate in the regular class periods and to fulfill all regular class requirements, as well as complete additional work of an academic nature for the extra hour of honors credit.)

How will the component be graded?

Student Signature _____ Date _____

Faculty Signature _____ Date _____
Faculty Code _____

Department Head Signature _____ Date _____

SUBMISSION DEADLINE: END OF FIRST WEEK OF THE SEMESTER
IN WHICH THE HONORS COMPONENT IS TO BE COMPLETED.

FOR OFFICE USE ONLY:

Honors action _____ Honors credit hours _____

Director's Signature _____ Date _____

Time of Day _____ Days of Week _____ Location Code _____

db _____ by _____