Student Information:

Name: ____________________________ Classification: 

☐ Freshman

☐ Sophomore

☐ Junior

☐ Senior

Sam ID: ________________ Email: ____________________________

Expected Graduation Date (SEM/YEAR): ____________________________

Major: ____________________________ Minor: ____________________________

SHSU GPA: ________ Transfer Hours: ________ Total Hours: __________

(IF ANY) (COMPLETED AFTER THIS SEMESTER)

Did you complete community service last semester? 

☐ Yes  ☐ No  ☐ N/A

MARK N/A IF THIS IS YOUR FIRST SEMESTER IN THE HONORS COLLEGE

Have you been advised by the Sam Center or your major department? 

☐ Yes  ☐ No  ☐ N/A

FIRST-SEMESTER SHSU STUDENTS AND STUDENTS WITH 90 OR MORE HOURS ARE REQUIRED TO BE ADVISED BY THE SAM CENTER OR THEIR MAJOR DEPARTMENT

Have you completed Honors credit at another school? 

☐ Yes  ☐ No  Total Hours: __________

Honors Courses Completed:

(INCLUDING THIS SEMESTER)

Honors Classes:

☐ BIOL 1311  ☐ CRJ 3378  ☐ HIST 2312  ☐ READ 3370

☐ BIOL 1313  ☐ CRJ 4382  ☐ KINE 2333  ☐ READ 3371

☐ BIOL 1411  ☐ ENGL 1301  ☐ MATH 1332  ☐ READ 3372

☐ BIOL 1413  ☐ ENGL 2332  ☐ POLS 2305  ☐ UNIV 1301

☐ BIOL 2440  ☐ HIST 1301  ☐ POLS 2306  

☐ CRJ 2364  ☐ HIST 1302  ☐ POLS 2365  

☐ CRJ 2365  ☐ HIST 2311  ☐ PSYC 1301  

Honors Seminars:

☐ HONR 3321  ☐ HONR 3332  ☐ HONR 3365

☐ HONR 3322  ☐ HONR 3342  ☐ HONR 3375

☐ HONR 3331  ☐ HONR 3343

Honors Thesis:

☐ HONR 4398  ☐ HONR 4399

Thesis Advisor: ____________________________

Honors Independent Study and Special Topics:

☐ HONR 4095  ☐ HONR 4375

Honors Courses Planned for Next Semester:

1. ____________________________ 2. ____________________________ 3. ____________________________ 4. ____________________________

Honors Independent Study and Special Topics:

Total Honors Hours: __________

Advisor Notes:

__________________________________________________________________________

__________________________________________________________________________

Term/Year:

__________________________________________________________________________

Advisor Approval Signature: ____________________________ Date: __________

☐ APPOINTMENT  ☐ PHONE

☐ GROUP SESSION  ☐ WALK-IN