Honors College Advising Form

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

Have you been advised by the Sam Center or your major department?  ☐ Yes  ☐ No  ☐ N/A
Have you completed Honors credit at another school?  ☐ Yes  ☐ No  Total Hours: ________
Are you a Terry Scholar?  ☐ Yes  ☐ No

Please complete the Terry Scholars Advising Form in addition to this form.

Do you plan on enrolling in summer courses at SHSU this upcoming semester?  ☐ Yes  ☐ No

Honors Courses Completed:
(INCLUDING THIS SEMESTER)

Honors Classes:
☐ BIOL 1311  ☐ CRIJ 2365  ☐ HIST 1302  ☐ READ 3371  
☐ BIOL 1313  ☐ CRIJ 3340  ☐ KINE 2115  ☐ READ 3372  
☐ BIOL 1411  ☐ CRIJ 3378  ☐ MATH 1332  ☐ UNIV 1301  
☐ BIOL 1413  ☐ CRIJ 4377  ☐ POLS 2305  ☐  
☐ BIOL 1436  ☐ ENGL 1301  ☐ POLS 2305  
☐ BIOL 2440  ☐ ENGL 2332  ☐ PSYC 1301  
☐ CRIJ 2364  ☐ HIST 1301  ☐ READ 3370  

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. ___________________________

Advisor Notes: __________________________________________________________

Advisor Approval Signature: ___________________________ Date: ____________

Term/Year Joined Honors: ___________________________
Term/Year Advising: ___________________________

Advisor Notes: __________________________________________

Advisor Approval Signature: ___________________________ Date: ____________

Identification:
☐ APPOINTMENT  ☐ WALK-IN  
☐ GROUP SESSION  ☐ PEER