



# University Honors Program Project Registration

Date: \_\_\_\_\_ Name: \_\_\_\_\_ Royal ID: \_\_\_\_\_  
Last First M.I.

Major(s): \_\_\_\_\_ Term: \_\_\_\_\_ 20\_\_\_\_  
 Minor(s): \_\_\_\_\_ School: CAS PCPS KSOM  
 Cell #: \_\_\_\_\_ Email: \_\_\_\_\_@scranton.edu

Project: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ No. of Credits: \_\_\_\_\_  
Department Course Prefix Number

Course Title: \_\_\_\_\_ Description of Project(1-3 Sentences)  
Honors Project I  
Honors Project II

**CURRICULUM APPLICATION:**

Major Elective \_\_\_\_\_ Cognate Elective \_\_\_\_\_ Minor Elective \_\_\_\_\_  
Major Course Cognate Course Minor Course  
Subject/Number Subject/Number Subject/Number

Concentration Elective \_\_\_\_\_ Free Elective \_\_\_\_\_  
Concentration Course  
Subject/Number

If substituting for a required course, i.e., not an elective, a separate substitution form must be completed.\*\*

**APPROVALS:** 1. Professor 2. Chair 3. Director 4. Dean

*Please note: The form is due by the last day to add a course in the requested term.*

1. *\*Project Professor Signature* \_\_\_\_\_ *Date* \_\_\_\_\_ *Professor* \_\_\_\_\_ *Department* \_\_\_\_\_  
*\*Full-Time Faculty only unless otherwise approved*

2. *Chair/Program Director of Department granting credit* \_\_\_\_\_ *Date* \_\_\_\_\_

3. *Director, University Honors Program* \_\_\_\_\_ *Date* \_\_\_\_\_

4. *Dean, Student's College* \_\_\_\_\_ *Date* \_\_\_\_\_

5. *Dean, Faculty College (if different)* \_\_\_\_\_ *Date* \_\_\_\_\_

<i>Registrar Use Only:</i>	
Term: _____	CRN: _____
Date: _____	Initials: _____