

UNIVERSITY OF MISSOURI-KANSAS CITY
HONORS BEYOND THE CLASSROOM FORM

Please Print

Date: ____/____/____ This form is for the ____ Fall ____ Spring ____ Summer Semester, 20____

Student Name: _____ **Student ID#** _____

Subject/Catalog Number (e.g., Bio 350, History 392A): _____

5 Digit Class #: _____

Name of Instructor: _____

The student will receive Honors credit if s/he receives a final grade of B or better.

Please indicate the experience(s) you wish to receive Honors credit for.

Internship

Undergraduate research

Community service

Student teaching

Clinicals (may include programs such as: Nursing, Pharmacy, Dental Hygiene, 6-Year Medical)

Other - please specify:

Student Signature: _____

Date: ____/____/____

A maximum of six credits may be counted towards University Honors Distinction.

Completed form to be e-mailed to: honors@umkc.edu