

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., English 225, History 368): _____

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