

UNIVERSITY OF MISSOURI-KANSAS CITY
HONORS PROGRAM STUDY ABROAD FORM

Please submit this form at least two weeks prior to departing on your study abroad program.

Please Print Neatly

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

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

If you are participating in a UMKC program, please fill out the following:

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

1. Subject/Catalog Number: _____ 5-Digit Class Number: _____

Instructor Name(s): _____

2. Subject/Catalog Number: _____ 5-Digit Class Number: _____

Instructor Name(s): _____

3. Subject/Catalog Number: _____ 5-Digit Class Number: _____

Instructor Name(s): _____

If you are not participating in a UMKC program, please provide the following information:

City and Country: _____

University: _____

Program: _____

Credits Earned: _____

Student Signature: _____

Date: ___/___/___