

UNIVERSITY OF KANSAS
COLLEGE OF LIBERAL ARTS AND SCIENCES
DEPARTMENTAL HONORS INTENT FORM

Name (please print): _____ KUID: _____

Mailing Address: _____

Phone: _____ Email Address: _____

Intended Semester of Graduation: _____ Degree (check one): BA BGS BS

Major with Honors: _____ Major Code: _____

Major GPA (3.50 required): _____ 3.50 Major GPA = KU + transfer, lower + upper level courses

Please Print Faculty Member Supervising Honors Work

Phone

Signature of Faculty Member Supervising Honors Work

Date

Signature of Student

Date