

**University of Delaware Honors Program**  
**Request for Honors Independent Study**

- ◆ In order to be eligible for an Honors independent study, 1<sup>st</sup> and 2<sup>nd</sup> year students must have a minimum University of Delaware g.p.a. of 3.00 and 3<sup>rd</sup> and 4<sup>th</sup> year students must have a minimum of 3.20.
- ◆ Creating an Honors Independent Study is at the discretion of the individual faculty member and is subject to the approval of the department chair.
- ◆ Submit this completed request form, along with a description of the Honors work, to the UDHP Director, Room 207 Elliott Hall, **no later than the end of the first week of class or the first two days of winter session**. Revisions may be necessary. If your request is denied, you will need to make alternate plans. Requests will not be granted to students who submit their paperwork after the end of the free drop/add period.
- ◆ Attach a completed Independent Study Titling Form to this request form. The form is available on the Registrar's website at <http://www.udel.edu/registrar/forms/titling.pdf>. You must enter "HNRS:" in the first five blocks of the Course Title. DO NOT submit to the Registrar's Office separately after obtaining the Instructor's signature
- ◆ Only one Honors Independent Study course or Individual Honors Contract is allowed per term (i.e. semester, winter session or summer) and must be taken for a letter grade, not pass/fail.
- ◆ No more than 3 total Honors Independent Studies or Individual Honors Contracts may be counted toward completion of the 30 Honors credits necessary for the Honors Degree.
- ◆ For currently matriculated students interested in applying to the Honors Program, Honors Independent Study courses will not count toward Honors admission.

**Section I. To be completed by student.**

Student Name: \_\_\_\_\_ UD ID#: \_\_\_\_\_  
(Please print)

Local Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_ Email: \_\_\_\_\_

Course No. and Section: \_\_\_\_\_

Course Title: HONORS: \_\_\_\_\_

Semester: \_\_\_\_\_ Credit Hours: \_\_\_\_\_

Faculty Member: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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**Section II. To be completed by faculty member.**

**Description of Honors Work**

Please attach description of those elements which will distinguish the Honors independent study from a non-Honors one. This description will be kept on file at the Honors Program Office. Include answer to the following question in your description:

1. How does the proposed honors work intellectually challenge, enrich, and enhance the academic experience of the honors student(s) beyond what would be obtained in a regular independent study?

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*We agree to the proposed honors work as provided in the description and have discussed the guidelines.*

\_\_\_\_\_  
*Student Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

\_\_\_\_\_  
*Faculty Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

Director, University Honors Program: \_\_\_\_\_