



**College of Applied Health Sciences**  
**Academic Affairs Office**  
**1206 South Fourth Street**  
**219 Huff Hall**  
**Champaign, IL 61820**

## James Scholar Honors Credit Learning Nomination and Agreement Form

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ UIN: \_\_\_\_\_

Major: \_\_\_\_\_ Email \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Year (circle): Freshman    Sophomore    Junior    Senior

Term effective:    \_\_\_ Fall            \_\_\_ Spring            Year: \_\_\_\_\_

***I elect to take the following course for Honors Credit:***

Course & Number \_\_\_\_\_ Course Reference Number \_\_\_\_\_ Section \_\_\_\_\_ Hours: \_\_\_\_\_

***I elect to take the following special work in this course to gain Honors Credit: (attach additional sheets as necessary)***

\_\_\_ Honors credit cannot be awarded if a student elects to take the above designated course for a Credit/No Credit grade. A grade of at least a B- in the course is required in order to receive honors credit. In the event that the special work described above is not completed to the satisfaction of the instructor, honors credit cannot be awarded. This nomination and agreement form must be submitted to the Academic Affairs Office (219 Huff Hall) by the **fourth Friday of each academic term**. Students must complete **14 graded hours** each term and maintain a minimum 3.5 **institution** GPA for the entire academic year. Failure to adhere to any of these policies will render students ineligible to participate in the James Scholar Program.

***Will you be studying abroad this semester?***    \_\_\_ Yes    \_\_\_ No    *(if yes, please check box below)*

\_\_\_ I understand that I cannot take any Credit/No Credit courses if studying abroad. I must complete 14 hours while I am abroad or concurrently with the University of Illinois in the same term. I must complete my Honors Credit Learning Agreement before I leave.

Student's signature \_\_\_\_\_ Date \_\_\_\_\_

Instructor's name (please print) \_\_\_\_\_ Department \_\_\_\_\_

Instructor's email \_\_\_\_\_

Instructor's signature \_\_\_\_\_ Date \_\_\_\_\_

Honor Dean's signature \_\_\_\_\_ Date \_\_\_\_\_

**Copies: White-AHS Academic Affairs, Yellow-Instructor, Pink-Student**

**OFFICE USE ONLY:**

Date Received by College \_\_\_\_\_

Grade Mode/Registered Honors updated \_\_\_\_\_

*Updated 08/15*