

# Coastal Carolina University Honors Program

## Honors by Special Arrangement

Courses which are not listed through the Office of the Registrar with an Honors designation can be modified and submitted to the Honors office for possible approval as an Honors course by special arrangement. Requests must be made through the use of this form within **30 days** following the first day of class for the semester in which the course is taken. Courses must be arranged with full-time faculty members and students must qualify for Honors with an overall GPA of 3.25 or higher.

Semester Course Taken \_\_\_\_\_ Arranged Course # \_\_\_\_\_  
Student \_\_\_\_\_ Student ID or SSN \_\_\_\_\_  
Major \_\_\_\_\_ Year: Fresh \_\_\_\_\_ Soph \_\_\_\_\_ Jr \_\_\_\_\_ Sr \_\_\_\_\_  
Course Title \_\_\_\_\_ Department \_\_\_\_\_  
Course# \_\_\_\_\_ Section \_\_\_\_\_ Professor \_\_\_\_\_  
Days \_\_\_\_\_ Time \_\_\_\_\_ Building location of Class \_\_\_\_\_  
Lab Course# \_\_\_\_\_ Section \_\_\_\_\_ Professor \_\_\_\_\_  
Lab Days \_\_\_\_\_ Time \_\_\_\_\_ Building location of Class \_\_\_\_\_

**JUSTIFICATION:** In consultation with the student, describe on an attached sheet of paper (please type) the ways in which this course merits Honors credit. Description of expected course work beyond the regular class assignments (attach course syllabus) must also include specific and detailed performance criteria for assessment and a detailed outline (with deadlines) of what the student will be required to do to earn Honors credit.

**NOTE OF AGREEMENT FOR PROFESSOR:** I recommend *without reservation* that the student named on this form enroll in the course indicated for Honors credit. I have reviewed the work required for Honors credit with the student.

\_\_\_\_\_  
Professor Signature Date Department Chair Signature Date

**NOTE OF AGREEMENT FOR STUDENT:** I have consulted with the professor indicated above regarding expectations for receiving honors credit for this course. In addition to completing regular class assignments and being an active participant in all class meetings, I am fully responsible for completing additional, challenging assignments and projects throughout the semester and I will observe all assignment deadlines and grading procedures. I understand that I must earn a "B" or better in this course to receive Honors credit.

This contract is not subject to further negotiation at any time during the semester without the express written consent of the professor of record and the Honors Program director.

I understand that I am responsible for submitting this form with the materials listed below to the Honors Program director no later than 30 days following the first day of class for the semester in which the course is taken. Requests for Honors Arranged Courses submitted after this date will not be considered.

\_\_\_\_\_  
Student Signature Date Honors Program Director Signature Date

### Attachments Required:

- Original Course Syllabi
- Detailed outline (typed) of Honors arranged course requirements
- Special Permission form filled out and signed by student's academic advisor