Thank you for your interest in the Sinclair Honors Program. Some important points about Honors Classes at Sinclair:

* You **DO NOT** need to take an Honors Class to graduate with Honors. Graduating with Honors is based on your cumulative GPA.
* The minimum cumulative GPA required to take a class for Honors is 2.8. This requirement is waved for students during their **FIRST** semester at Sinclair.
* Declarations **MUST** be submitted by the posted due date for the semester. Due dates can be found at <http://www.sinclair.edu/academics/honors-program/>
* Incomplete forms will **NOT** be processed or returned.
* Both you **AND** your instructor must sign the form.

**This form is a fillable word form. It is to be completed online, printed and signed.**

**Please complete the following steps:**

***Step One:*** Download form

***Step Two:*** Select “Enable Editing” at the top of the form. If you do not see the “Enable Editing Option” select “View” and then “Edit Document”

***Step Three:*** Complete form by typing the appropriate information in the correct spaces. Make sure you check all the boxes located in **Section B**

***Step Four:*** Save form to your computer (optional)

***Step Five***: Print From

***Step Six***: Sign the form

***Step Seven:*** Have your instructor sign form

***Step Eight:*** Submit completed form to the Sinclair Honors Program Officer

 **Ways to Submit your Honors Declaration Form:**

* + Bring completed form to the Honors Program Office located in Building 8 Room 025D
	+ Scan your completed form and email it to honorsprogram@sinclair.edu

You will receive an email confirming the receipt of your declaration within 2-3 business days of submission.

Once all Declarations Forms are processed you will receive and email with the status of your declaration. This is normally within 2 business days of the posted deadline.

If you have any questions contact us at honorsprogram@sinclair.edu

**HONORS COURSE DECLARATION**

*In order to take a class for Honors credit this form must be completed and submitted to the Honors Program Office by the* [*7th day of the Term*](http://www.sinclair.edu/academics/honors-program/)*. Incomplete forms will not be processed*.

Section A

Student Name: **Click here to enter text.** Tartan ID: **Click here to enter text.**

Student Email: **Click here to enter text.** First Honors Class at Sinclair: **Choose an item.**

Term/Year: **Click here to enter text.** Projected Graduation: **Click here to enter text.**

Cumulative GPA: **Click here to enter text.**

Section B

**Please check the following boxes and sign below:**

[ ]  ***I am declaring my intent to take the class listed below for Honors credit.***

[ ]  ***I have contacted the instructor and received permission to take the course for honors and the instructor has signed this form or sent acceptance via email to*** ***honorsprogram@sinclair.edu*** ***by the 7th day of the term.***

[ ] ***I understand that, if eligible to take this course for Honors credit, I must successfully complete the course with an “A” or “B” in order for my official transcript to indicate that the course was taken as an “Honors Course.”***

[ ]  ***I understand that, if eligible to take this course for Honors credit, I must submit my completed Honors Project to the Honors Program office, via eLearn in the appropriate dropbox, before the last day of the term.***

[ ]  ***By signing this form, I understand the requirements for completion and consent to having my records updated accordingly once completed.***

**Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Click here to enter a date.**

Section C

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| DEPT. (EX. PSY) | COURSE (EX. 2235) | SECTION (EX. 100) | Instructor’s Name(First and Last) | Instructor’s Signature |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |  |

**Does this project include a service-learning project**: Choose an item.

**HONORS OFFICE USE ONLY**

By signing this form, I verify that the student named above meets the eligibility for taking the above course for honors credit during the term indicated.

Authorizing Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Did not meet GPA Requirement  Received after due date  Honors Option Removed***