



# MILLIKIN UNIVERSITY®

## Honors Program Voluntary Honors Program Withdraw Form

Print Name: \_\_\_\_\_

Millikin ID Number: \_\_\_\_\_

Academic Advisor: \_\_\_\_\_

I (the undersigned) voluntarily withdraw from the Honors Program. I understand that to complete my degree requirements I complete the University Studies requirements, as outlined in the Millikin Bulletin. I further acknowledge that I will lose access to other benefits specific to membership in the honors program (e.g., the right to take up to 21 credit hours per term for no additional tuition).

### Required Signatures:

Student \_\_\_\_\_ Date \_\_\_\_\_

Academic Advisor \_\_\_\_\_ Date \_\_\_\_\_

Honors Capstone Advisor \_\_\_\_\_ Date \_\_\_\_\_  
(If Applicable)

*Please return this form with all signatures to the Honors Office, Shilling 103c.*

#### For Office Use Only:

Honors Director: \_\_\_\_\_ Date: \_\_\_\_\_

Registrar: \_\_\_\_\_ Date: \_\_\_\_\_