



MILLIKIN UNIVERSITY®

James Millikin Scholars Program

HN491/HN492 Plan of Study Cover Sheet

Student Name: _____ Semester: _____

Project Advisor: _____ HN491 credit hours: _____

Project Title: _____

I (the undersigned student) understand that the attached plan of study determines the requirements for both the HN491 and HN492 credits for which I am enrolled. I understand that my failure to meet the deadlines and expectations laid out in this document will result in a failing grade for both HN491 and HN492. I understand that any deviations from the attached plan of study must be documented and approved by both my Project Advisor and the Honors Director. (See the “Plan of Study Modification” form.)

Student Signature _____ Date _____

Advisor Signature _____ Date _____

Honors Director Signature _____ Date _____

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