



MILLIKIN UNIVERSITY®

James Millikin Scholars Program HN491/HN492 Plan of Study Modification

Student Name: _____ Semester: _____

Project Advisor: _____ HN491 credit hours: _____

Project Title: _____

In the space below, outline the changes made to the plan of study on file and provide a clear justification for the changes. **Important:** *If your typed text becomes too small to easily read, please attach a separate page with the relevant information. If multiple sections need attached separately, please specify each section. You may include multiple sections on the same page.*

Student Signature _____ Date _____

Advisor Signature _____ Date _____

Honors Director Signature _____ Date _____

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