

James Millikin Scholars Program

James Millikin Scholars Project Supervisor Approval Form

Student Name (Print):	
Student Signature:	
Project Supervisor (Print):	
The following is to be completed by the JMS Project Supervisor:	
I, the undersigned project supervisor, agree to supervise the aforemention JMS project. I realize that I will be made instructor of record for all HN4 study) credit hours for which the student is enrolled, including current and semesters so long as I remain the student's project supervisor. I am responsas/fail grade for HN491 credit hours each term I am the project supervisor a final project grade and I understand that the final project grade will be applied to all previous "pass" grades for HN491. (Grade submissions email to mhartsock@millikin.edu).	91 (JMS independent d all subsequent ensible for submitting a sor. I am responsible retroactively update and
Project Supervisor Signature:	Date:
Academic Department:	Ext:
Honors Director Signature:	Date:

 ${\it Please \ return \ this \ form \ with \ all \ signatures \ to \ the \ Honors \ Office, Shilling \ 103c.}$