



MILLIKIN UNIVERSITY®

James Millikin Scholars Program Voluntary JMS Program Withdrawal Form

Print Name: _____

Millikin ID Number: _____

Academic Advisor: _____

JMS Advisor: _____

I (the undersigned) voluntarily withdraw from the James Millikin Scholars Program. To complete my degree requirements, I will: (check one)

- Remain in the Honors Program and complete the Honors Capstone Project and other honors course requirements.
- Withdraw from the Honors Program (if applicable) and complete the University Studies requirements.

Required Signatures:

Student _____ Date _____

Academic Advisor _____ Date _____

JMS Advisor _____ Date _____
(If Applicable)

For Office Use Only:

Honors Director _____ Date _____

Registrar _____ Date _____

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