



Request for Approval of Study Abroad Course for the Boone Honors Program

Student Name: _____ ID: _____

Email Address: _____ Phone #: _____

Program/Major(s): _____

Minor(s): _____

Expected Graduation: _____ Catalog Year: _____
(Month/Year)

The student above is requesting that _____
Course - Course # - Title
meet the Boone Honors Study Abroad requirement.

Student Justification: _____
Student's Signature Date

Academic Advisor Justification: Circle one: **Approve / Deny** _____
Academic Advisor's Signature Date

Boone Honors Program Coordinator: _____
Program Coordinator's Signature Date
Circle one: **Approve / Deny**

School Dean: _____
School Dean's Signature Date
Circle one: **Approve / Deny**

RETURN THIS FORM TO THE OFFICE OF THE REGISTRAR – JOHN WESLEY HALL, ROOM 13