

UNIVERSITY OF KANSAS
COLLEGE OF LIBERAL ARTS AND SCIENCES
DEPARTMENTAL HONORS INTENT FORM

Name (please print): _____ KUID: _____

Mailing Address: _____

Phone: _____ Email Address: _____

Intended Semester of Graduation: _____ Degree (circle one): BA BGS BS

Major with Honors: _____ Major Code: _____

Overall GPA (3.25 KU+transfer required): _____ Major GPA (3.5 KU+transfer required): _____

Please Print Faculty Member Supervising Honors Work

Phone

Signature of Faculty Member Supervising Honors Work

Date

Signature of Student

Date