



University Honors College
Honors Course Waiver Form

Student Name: _____ ID# _____

Semester: _____

Please answer the following questions:

- 1) What are the UCC courses that you need for the semester stated above?

- 2) Of the current Honors course offerings, is there a course you would like to take if it was scheduled at different times? Which course? What time would be ideal?

Clearly state the reason for why you are unable to take an Honors Course during the semester stated above.

Student Signature _____

Date _____

Honors College Director _____

Date _____

