## HONORS PROGRAM

## DEPARTMENTAL INVITATION

(To be completed by the student and the Departmental Honors Advisor and returned to the Classics Office, Box 353110)		
Student Number:		
Full Legal Name:		
(Last, First Middle)		
This student has been invited into the		
Departmental Honors Program. *	(Department Name)	
Quarter and year begun/to begin Honors Departmental curriculum:		
	(Qtr.	Year)
OTHER STUDENT INFORMATION		
Are you currently a member of the University College Ho	onors Program? Yes	No
Have you already been admitted to other Departmental Honors Programs? Yes No		
Please list the departments:		
Mailing Address:		
Phone Number:		
Email:		
Quarter and year entered/entering University of Washing	gton:	
Total Number of College Credits:	Cumulative GPA:	
I have read and understand the Departmental Honors required recognize that if I do not complete the Departmental Honors rewill not graduate with Honors.		
Student Signature:	Date:	
Departmental Advisor:	Date:	

<sup>\*</sup> A student already in College Honors will work toward a Bachelor's Degree "with College Honors;" students entering Honors only through their department(s) will work towards a degree "with Distinction."