

**DREXEL UNIVERSITY
 PENNONI HONORS COLLEGE
 APPLICATION FOR GRADUATION WITH DISTINCTION
 Must be submitted by Friday, April 9, 2010**

Full Name _____	Drexel ID _____
Email Address _____	Graduation Date _____
Local Mailing Address _____	Phone Number _____
Major(s) _____	Degree(s) Sought _____
School(s)/College(s) _____	Cumulative GPA _____

Please list all Honors Courses/Honors Sections/Honors Options/Grad. Courses Completed (**IN CHRONOLOGICAL ORDER**)

Course Num _____	Course Title _____	Term _____	Grade ____	Credits ____
Course Num _____	Course Title _____	Term _____	Grade ____	Credits ____
Course Num _____	Course Title _____	Term _____	Grade ____	Credits ____
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Course Num _____	Course Title _____	Term _____	Grade ____	Credits ____
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Course Num _____	Course Title _____	Term _____	Grade ____	Credits ____
Course Num _____	Course Title _____	Term _____	Grade ____	Credits ____
Course Num _____	Course Title _____	Term _____	Grade ____	Credits ____
				Total Honors Credits _____

Please use additional sheet if necessary.

If you entered the Honors College during your freshman year total Honors credits must equal at least 32 credits. If you entered the Honors College after your freshman year total Honors credits must equal at least 21 credits.

Thesis/Senior Seminar/Senior Project/Senior Capstone

Title _____

Department Name _____ Course Number _____ Number of Credits _____

Instructor's Name _____

Instructor's Email Address _____ Term Completed _____

IF YOUR THESIS/SENIOR SEMINAR/SENIOR PROJECT IS MULTIPLE TERMS PLEASE PROVIDE CORRESPONDING INFORMATION BELOW.

Title _____

Department Name _____ Course Number _____ Number of Credits _____

Instructor's Name _____

Instructor's Email Address _____ Term Completed _____

Title _____

Department Name _____ Course Number _____ Number of Credits _____

Instructor's Name _____

Instructor's Email Address _____ Term Completed _____

Student Signature _____ Date _____

Application Decision: **Approved** **Denied** Follow-Up Necessary _____

PHC Staff Signature _____ Date _____