

HONORS PROGRAM INFORMATION FORM

Honors Faculty Adviser Name and Title: _____ Date: _____

Department or Program: _____

Honors Candidate: _____

Honors Project Title: _____

Date(s) of Honors Candidate's Written Honors Examination: _____

Date and Time of Oral Honors Examination: _____

Location of Oral Honors Examination: _____ Online Platform: _____

Outside Examiner Name: _____ Title: _____

Institution: _____ Dept: _____

Mailing Address: Home Work E-Mail: _____

Street: _____ Phone: _____

Additional address info: _____

City: _____ State: _____ Zip: _____

HWS Field Examiner Name/Title/Department:

HWS Faculty Examiner Name/Title/Department:

Estimated Expenditures:

- | | | |
|-----------------|--|-------|
| 1. | Outside Examiner Honorarium (\$150.00) | _____ |
| 2. | Classroom Lecturer Honorarium (\$75.00/class) | _____ |
| 3. | Travel Expenses (not to exceed \$250.00)
(mileage rate is \$.56 per mile) | _____ |
| 4. | Overnight accommodations
(not to exceed \$100 if Harris House is not available) | _____ |
| 5. | Lunch and/or dinner and/or small group reception
(not to exceed \$100.00)
Arrange meals/reception to included Honors Candidate | _____ |
| Total \$ | | _____ |

If the Outside Examiner is also serving as classroom lecturer, please complete the following:

Course Title and Instructor: _____

Location and day/time of class: _____

Overnight Accommodations? Yes No Location: _____