



KSOM BUSINESS HONORS PROGRAM PROJECT REGISTRATION FORM

Name: _____
Last First M.I.

Royal ID: _____

Major(s): _____

Term: _____ 20_____

Minor(s): _____

School: CAS KSOM PCPS

Cell #: _____

Email: _____@scranton.edu

Project: _____ / _____ / **483K**
Department Course Subject

No. of Credits: **3**

Course Title: **Business Honors Project**

Description of Project (1-3 Sentences):

Curriculum Application (please check one):

Major Elective _____ Cognate Elective _____ Minor Elective _____
Major Course Subject/Number Cognate Course Subject/Number Minor Course Subject/Number

Concentration Elective _____ Free Elective _____
Concentration Course Subject/Number

Note: If substituting for a required course, i.e., not an elective, a separate substitution form must be completed.

I attest that my current cumulative undergraduate gpa is 3.5 or higher. I understand that I will be officially enrolled in the Business Honors Project course (DEPT 483K) upon approval of this form and will work with my faculty mentor to complete all course requirements by the end of the term. Lastly, I understand that I must successfully complete all other requirements of the Business Honors Program by the conclusion of my final undergraduate semester at the University of Scranton, including the completion of at least six other Business Honors courses.

Student Signature: _____

Date: _____

APPROVALS: 1. Mentor 2. Chair 3. Director 4. Dean

Please note: The form is due by the last day to add a course in the requested term.

1. *Mentor Signature* _____ *Date* _____ *Mentor Name (print)* _____ *Mentor RID* _____

2. *Chair of Department Granting Credit* _____ *Date* _____

3. *Director, Business Honors Program* _____ *Date* _____

4. *Dean, Student's College* _____ *Date* _____

<i>Registrar Use Only:</i>	
Term: _____	CRN: _____
Date: _____	Intials: _____