

Proposal Form for Honors Self-Designed Studies 24-Hour Minor (#393)

Directions: Type the requested information directly into this Word Document, save a copy for your records, print the document, and then gain the required signatures.

Student Name:					
WKU ID #:					
WKU Email:					
WKO LITIANI.					
Cell Phone #:					
Expected Graduation Date:					
Majors and other minors					
(specify) and required hours:					
(opcony) arra regainea reacti					
Title of proposed major or					
minor (maximum 8 words):					
List all courses that will comprise this program (course prefix, course number, and title).					
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Text iii red is iiieant as air e	Apianation & CA	ample. I lease delete of replace i	L.		
	Course prefix &	Course Title	Semester taken or	Credit	Honors
Core courses:	number		to be taken	hours	credit?
Courses that you consider					
required, foundational					
,					
Electives courses:	From this list a minimum of 9 credits will be selected:				
A list of courses you would like to take, along					
with a few backup					
courses, to allow for					
flexibility in case of					
scheduling conflicts.					
Total Hours					
				1	

In a statement of 250-300 words, please explain how the proposed HSDS minor helps you achieve your academic and professional goals in ways a traditional minor cannot.
List three main learning outcomes you will achieve through your HSDS minor. These should focus on what the program of study will help you learn and understand, and how these outcomes are preparing you for the next stage of your academic, professional and intellectual journey.
the flext stage of your academic, professional and medicetal journey.
1.
2.
3.
I understand that as a requirement of graduating with this major I must 1) fulfill all of the requirements of the MHC and 2) complete a CE/T (initial)
MHC and 2) complete a CE/T (initial)
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Department Head Approval (Department of Faculty Sponsor)
Signature: Printed Name:
Academic Department:
Date:
Department Head Acknowledgement: Required for any discipline making up 9 or more credit hours of minor
Signature:
Printed Name:
Academic Department:
Date:
Mahurin Honors College Advisor Approval I have advised the student named above and have confirmed that the proposed plan of study meets all requirements of the specific HSDS program.
Signature:
Printed Name:
Title:
Date:
Final Approval: Assistant Director for Academics, Mahurin Honors College
Signature:
Printed Name:
Title:
Date: