University of Washington College of Ocean and Fishery Sciences Honors Program
HONORS NOMINATION FORM

Student Information

Name _____

Student Number _____ Gender ___ Female ___ Male

Student's Email Address _____ Phone _____

I am requesting consideration for (check all that apply): ____ 4-yr ____ 2-yr

By submitting this form, you are stating your intention to complete the Honors Program checked above. If you decide not to do so at a future date, please let your adviser know. You may jeopardize your standing in these honors programs if your GPA drops below 3.3 for more than two consecutive quarters.

_____ _____
Student Signature Date

_____
Mailing address

(Please return this form to your departmental adviser)

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To be completed by Departmental Honors Adviser

COFS Major (circle one) OCEAN SAFS Declared Major (qtr/yr) _____
UW Entry Qtr (qtr/yr) _____

College credits: Total # of UW credits _____ UW Cum GPA _____ COFS GPA _____
# of transfer credits _____ Transfer GPA _____

Class Standing:
___ Freshman
___ Sophomore
___ Junior
___ Senior

This student is qualified to be admitted to:
___ UW Honors Program (COFS option) (4 years)
___ COFS Honors Program (2 years)

Upon successful completion of the graduation requirements, the student will graduate **"With College Honors"** (UW Honors Program) or **"With Distinction"** (COFS Honors Program.)

Departmental Adviser Name _____

_____ _____
Signature Date