

OFF-CAMPUS STUDY PROJECT COVER SHEET
UNIVERSITY OF MICHIGAN-FLINT HONORS SCHOLAR PROGRAM

Please Print or Type this Form
Attach this form to the FRONT of your project.

Name: _____ SS # _____
 Last First Middle Initial

Home Phone _____ Cell Phone _____ Work _____
 Area code Area Code Area Code

Email: _____

Address: _____
 Street and Number (or PO Box) City State Zip Code

Department: _____ Specific Area of Study: _____

Travel Dates: Departure _____ Return _____ Length of Stay _____

Destination: _____
 City State Country

Off Campus Mentor _____

Name of Off-Campus University, Group, Institute _____

Title of Project _____

Name of UM-Flint Advisor _____

Advisor (UM-Flint) Signature _____ Date _____
 Signature Date

Note to the Advisor:
Your signature on this form indicates that you have read and approved the final draft of the student's proposal and that the student has made all revisions and changes you have required. The proposal cannot be submitted to the honors council without your approval.

Honors Director Office use Only:
Approved by

Signature Date

CHECK LIST FOR HONORS OFF-CAMPUS PROPOSAL:

NAME: _____

Please check off completed items and fill in appropriate information:

1. I have completed my foreign language requirement _____
language *level completed*
2. My GPA is _____
3. I have completed four Honors Elections _____

Please List Honors Elections by Course:

- _____
- _____
- _____
- _____

4. I have carefully documented my travel expenses ()
5. My proposal is complete including
 - summary () ,
 - review of critical studies on the topic () ,
 - overview of the off-campus mentor's project ()
 - discussion of my own role in the project, or my own project ()
 - bibliography of sources() ,
 - documentation within the proposal ()
6. I have completed all revisions requested by my honors departmental/school advisor. ()
7. My proposal includes all required forms and is complete and true to the best of my knowledge ()
8. I have subscribed to Medjet Assistance (). (No funds released without membership number)

Student SS# _____

Student's Signature: _____

Date: _____

FORM OF PAYMENT OF FUNDS

- () I will pick up the check at the cashier's office
- () Please mail my check to the address below

Street and number

City

State

Zip