Honors Mentor Form

**Before** you complete 84 college credits you **must** file this form.

If you complete 84 or more credits and you do not submit this form into the Honors Office, you will be **withdrawn** from the UMass Lowell Honors College.

If you have not yet identified your Honors Mentor, please explain why and provide a date by which you will identify your mentor and re-submit this form. Please use the space below and back of this paper if necessary.

Name: ___________________________ UMS Number: ______ Date: ____________

Semester and year you intend to graduate: __________________________________

Majors(s) and minors(s): _________________________________________________

Print the name of your Honors Mentor: _________________________________

Honors Mentor Signature: ______________________________________________

Note: If your Honors Mentor is not a full-time faculty member at UMass Lowell, please attach their resume/vitae to this form.

I am going to complete a (check one):
_____ 3-credit/6 month Honors Project (H8)
_____ 6-credit/12 month Honors Project (H7 and H8)
_____ 6-credit/12 month Honors Thesis (H7 and H8)

________________________________________________________________________
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Approval Signature of Honors College Dean: ________________________________

Please complete this form and return it to the Honors Office on South in O’Leary 300 or the mailbox on North Campus in Southwick 308

If you have any questions contact us at 978.934.2797 or email us at Honors@uml.edu.