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If you complete 84 or more credits and you do not submit this form into the Honors Office, you will be withdrawn from the UMass Lowell Honors College.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 or do not plan on completing a thesis/project in the next year, 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: _______________________________________________________________________

Semester you plan to begin Honors Thesis/Project: ____________________________________________

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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____________________________________________________________________________________________________

Semester you intend to refile Mentor Form (if necessary): ________________________________

Approval Signature of Honors College Dean: _____________________________________________