**THEATRE ARTS HONORS PROGRAM APPLICATION FORM**

**Note: This application form should be submitted to the Department Head at the student’s Sophomore Review.**

Academic Honors Program or Department: Click here to enter text.

Student Name: Click here to enter text.

700#: Click here to enter text.

Student Phone Number: Click here to enter text.

CMU Email: Click here to enter text.

Academic Honors Faculty Advisor: Click here to enter text.

By signing below, I am nominating the above named student’s application to the Academic Honors Program in: Click here to enter text.

 Academic Honors Program Faculty Nominator

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Academic Department Head Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_