

OFFICE OF THE REGISTRAR
306 West Quad Center
Tel (718) 951-5491

Recommendation for Departmental Honors in _____

Student's Name _____
Last First Middle

Social Security No. --

Date of graduation: June February September _____
Year

List all courses completed in major department (including prescribed, elective, elementary & advanced):

Course Number Credits Grade

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Course Number Credits Grade

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List all courses in major department still to be completed:

Course Number Credits

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PLEASE DO NOT WRITE IN THIS SPACE.
If recommendation for honors is denied,
reason for denial is:

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Chairperson's Signature _____ Date _____