

HWS INDIVIDUAL HONORS COMMITTEE INFORMATION

Please save completed form as student's "lastname_info.pdf" and submit to honors@hws.edu. All fields in this section are required (but can be updated later). Titles can be typed if no selection. Please choose dates from dropdown menu.

Honors Candidate: _____

Honors Project Title: _____

Written Exam Date: _____ Oral Exam Date: _____

Oral Exam Location or Online Platform: _____

Honors Adviser: _____ Title: _____

Department: _____

HWS Field Examiner: _____ Title: _____

Department: _____

HWS Faculty Examiner: _____ Title: _____

Department: _____

Outside Examiner: _____ Title: _____

Institution: _____

Department: _____

Email: _____

Classroom Lecture Information (optional)

Course and Instructor: _____

Location and day/time of class: _____

Estimated Expenditures

Outside Examiner Honorarium (\$150)....._____

Classroom Lecture (\$75 per class)....._____

Travel Expenses (not to exceed \$250)....._____

(2023 mileage rate \$.655/mile)
Overnight Accommodations (not to exceed \$150)....._____

(Check Harris House first)
Meal w/Candidate and Committee (not to exceed \$200)....._____

Total: _____