**California University of Pennsylvania Honors Program**

**Addendum Proposal Form**

A full description of and full instructions for the addendum policy and a list of FAQs are available at the Honors Program [website](https://www.calu.edu/inside/student-resources/honors-program/addendum-process.aspx). As always, please do not hesitate to contact us with any questions. When you’ve completed this form, please email it as an attachment to: honors@calu.edu.

|  |  |  |  |
| --- | --- | --- | --- |
| Instructor | First Name Last Name | | |
| Student: | First Name Last Name | | |
| Student CWID | CWID | | |
| Course Name | Course Name | | |
| 5 Digit Call # (CRN) |  | | |
| Course # | Course # | Credits |  |
| Department | Dept. | | |
| Semester/Year |  | | |
| # of Honors Credits Completed |  | | |
| I plan to graduate this semester |  | | |

**Addendum Learning Outcomes**

Please check 2 of the outcomes below. The addendum will allow you to:

Conduct mentored / collaborative work with the instructor

Explore the subject matter of the class in greater depth, breadth, or complexity

Explore and practice research / creative skills

Engage in independent, critical thinking

**Deadlines and Progress Meetings**

Please enter the dates of the progress meeting you will have with the instructor (ideally during office hours) and the deadline for completion of your project.

|  |  |
| --- | --- |
| Date of progress meeting | Date |
| Date of Completion of Addendum | Date |

|  |  |  |
| --- | --- | --- |
| Instructor Signature: | First Name. Last Name |  |
| Student Signature: | First Name. Last Name |  |
| Director/Associate Approval: |  |  |

Please describe your addendum below in 50-100 words. Please provide as much detail as possible, e. g. number of references, length of the project, form of the project, etc.:

When you’ve completed this form, please email it as an attachment to: [honors@calu.edu](mailto:honors@calu.edu). Use the filename: lastnameaddendum.docx

Honors Program Feedback

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