

ΣHA

Sigma Eta Alpha (Shorter Honors Academy) Add-On Form

Date: _____

Student Name: _____

I.D. Number: _____

Course Prefix: _____ Number: _____ Section: _____

Year: _____ Term: _____

Nature of add-on work: *(to be filled in by instructor):*

Instructor's Name: _____

Instructor's Signature: _____

Signature of Honors Director: _____

Registrar: _____

Date: _____

**Registrar will keep the original and return the copy to the
Honors Signatory.**