



MILLIKIN UNIVERSITY®

James Millikin Scholars Program JMS Project Supervisor Change Form

Student Name (Print): _____

Student Signature: _____

Previous Project Supervisor: _____

Previous Project Supervisor Signature: _____

The following is to be completed by the new JMS Project Supervisor:

I, _____ (the undersigned), agree to supervise the aforementioned student on his/her JMS project. I realize that I will be made instructor of record for all HN491 (JMS independent study) credit hours for which the student is enrolled, including current and all subsequent semesters so long as I remain the student's project supervisor. I am responsible for submitting a pass/fail grade for HN491 credit hours each term I am the project supervisor. I am responsible for a final project grade and I understand that the final project grade will retroactively update and be applied to all previous "pass" grades for HN491.

Project Supervisor Signature: _____ Date _____

Academic Department: _____ Ext. _____

Honors Director Signature: _____ Date _____

Please return this form with all signatures to the Honors Office, Shilling 103c.