# Latin Honors Course Enrollment Form

(please print clearly)

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Cornell ID</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Telephone #</th>
<th>Expected Graduation Date</th>
<th>Current Term</th>
</tr>
</thead>
<tbody>
<tr>
<td>(area code) xxx - xxxx</td>
<td>(month/year)</td>
<td>(spring, summer, fall)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(please put an X in front of one)

<table>
<thead>
<tr>
<th>Course Number*</th>
<th>Grade Option: Letter Only</th>
<th>Credits: 6 (3 in each fall and spring semester)</th>
</tr>
</thead>
<tbody>
<tr>
<td>HADM 4970 (First Semester)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HADM 4971 (Second Semester)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Submit Enrollment Form for each semester.

I am aware of and understand the below regulations and responsibilities regarding the Latin Honors course.

**Student Signature:** ____________________________

NetID ____________________________

Today's Date ____________________________

Title of Project: ____________________________

Describe the scope and purpose of your project, and the methodology you will use. ____________________________

The Senior Thesis must be completed in the last two consecutive semesters before graduation and is conducted under the direction of a doctoral-degree-holding full-time School of Hotel Administration faculty member. Regular, frequent consultations are mandatory.

Note that students are committed to a specific number of hours of independent academic work per week per credit hour. The usual add/drop policy applies.

I, ____________________________ agree to supervise this student for this Latin Honor course.

**Faculty Sponsor's Name (printed):** ____________________________

**Faculty Sponsor's Signature:** ____________________________

Date ____________________________

**Latin Honors Faculty Advisor Name (printed):** ____________________________

**Latin Honors Faculty Advisor Signature:** ____________________________

Date ____________________________

---

**Office of Student Services**

180 Statler Hall
Ithaca, NY 14853

**Contact us:** (607) 255-6376
Advising: ha-advising@cornell.edu
Registrar: ha-registrar@cornell.edu

Updated 7/2017