



Latin Honors Course Enrollment Form

(please print clearly)

Last Name	First Name	Cornell ID
Telephone # (area code) xxx - xxxx	Expected Graduation Date (month/year)	Current Term (spring, summer, fall)

(please put an X in front of one)

Course Number*: **HADM 4970** (First Semester) **HADM 4971** (Second Semester) Grade Option: Letter Only
Credits: 6 (3 in each fall and spring semester)

*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 _____

Official Use Only - Verification of Academic Qualifications	
Processed by: _____	Date: _____