

Student and Faculty Information

University Honors & Undergraduate Research Program (ACT on IDEAs/AOI)

Agreement

This form must be turned in through Blackboard once it has been signed and completed.

			TAMIU ID #: A	
Conta	ct Telephone #: ()	E-Mail:	@dusty.tamiu.ed	
Colleg	ge:	Major:	Graduation Date:	
Facul	ty Mentor (Print Last, First):		Office extension:	
E-Ma	il:	@tamiu.edu		
1. M 2. E 3. C 44. S * 5. C a * 6. C	ollow IRB protocols throughout to ubmit your Financial Aid applications of community and Community Engagement. (htt. Complete three (3) TAMIU Trailbraganization/TAMIUTrailblazers) (* D	3.2 and each semester GPA of and complete at least 30 SCH p signment/paper/project with y he research process). Action each Academic Year. (Faservice each academic year the p://www.tamiu.edu/scce/) clazers learning dimensions (h. 10 not apply to Act on Ideas of specific roles and responsibility.	er academic year. Four honors faculty mentor (when applicable, AFSA, TASFA, Mexican Tuition Waiver) Fough the TAMIU Office of Student Conduct https://tamiu.campuslabs.com/engage/ candidates) iies as an honors / AOI student (time,	
	the beginning of the semester of the agreement. If I choose	arded honors scholarship , the er and the second half at the er e to withdraw from the honors	e first half of the payment will be disbursed at an of the semester upon satisfactory completion program or fail to meet all the requirements, ified from future honors scholarships.	
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Student's Signature:	Date:
	student and agreed to serve as his/her honors mentor. We have of our respective roles and responsibilities in meeting the timeline
Faculty's Signature:	Date:
Honors Paper / Project Completion	:
Faculty:	
I have reviewed the research paper /	project and certify that ithas / has not met the
requirements of the University Hono	ors & Undergraduate Research Program / ACT on IDEAs.
Faculty's Signature:	Date:
For Office Use:	
Committee Decision: Approved	Denied
Faculty Program Rep.	Date