

University of Alabama at Birmingham Application for Honors in Philosophy

Name_____

Date_____

Telephone Number(s)_____

Date of Birth_____

Email_____

Address (Street or P.O. Box, City, State, and Zip Code)

UAB ID number_____

Date (Term and Year of first enrollment at UAB)_____

Philosophy G.P.A._____ Overall G. P. A._____

Standing (circle one): Sophomore Junior Senior Other

If "other," explain:_____

List all UAB philosophy courses completed, plus any in which you are currently enrolled.

Course	Term	Year	Instructor
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Name of the Professor you plan to ask to administer your honors thesis_____

Return this form to:

University of Alabama at Birmingham (UAB)
Chair, Department of Philosophy
HB 414A, 900 13th Street South
Birmingham, AL 35294-1260
