APPLICATION FOR ENROLLMENT
BACHELOR’S ESSAY

OFFICE OF THE REGISTRAR

Student’s Name: _____________________________   Student’s ID Number: _________________________

Course ID Number: _____________________________ (CHEM)                          (499)

Total Credit Hours: _______ Credits to be posted*: 3 credit hours in Fall _____ (yr)
3 credit hours in Spring _____ (yr)

Faculty Supervisor: _______________________________________________________________________

Project Title: ____________________________________________________________________________

Bachelor’s Essay Enrollment Checklist for Student (required)

_____ Check with academic department about regulations governing intended Bachelor’s Essays.

_____ Begin a dialogue and have a commitment from the faculty supervisor at least one semester in advance.

_____ Ensure that this form is filled out completely.

_____ Attach a detailed project description or syllabus, and include assessment plans for student learning outcome.

_____ Attach Degree Audit.

_____ Submit application to your Academic Department.

Bachelor’s Essay Enrollment Policies

- This form is to be completed and signed by the student, faculty supervisor, and department chair.
- Students enrolling in HONS 499 must obtain the signature of the Honors College Dean in lieu of the department chair.
- A detailed project description or syllabus must accompany all Applications for Enrollment in the Bachelor’s Essay.
- The deadline for submission to the Office of the Registrar is the drop/add date for the specified term.
- This is the only Application for Enrollment in the Bachelor’s Essay form that will be accepted by the Office of the Registrar.
- This form cannot be submitted by the student.

THE OFFICE OF THE REGISTRAR WILL NOT ACCEPT FAXED APPLICATIONS

*If the Bachelor’s Essay spans two terms, the Office of the Registrar will enroll the student in the consecutive semester. The student is responsible for ensuring that the course is reflected on their degree audit. Contact the Office of the Registrar at registration@cofc.edu if it is not.

APPROVAL SIGNATURES (ALL SIGNATURES REQUIRED FOR PROCESSING)

___________________________________________________________   Date

___________________________________________________________   Date

___________________________________________________________   Date

___________________________________________________________   Date

___________________________________________________________   Date

___________________________________________________________   Date

___________________________________________________________   Date

___________________________________________________________   Date

___________________________________________________________   Date

___________________________________________________________   Date

___________________________________________________________   Date

___________________________________________________________   Date