## OXNARD COLLEGE HONORS PROGRAM <br> PROGRAM COMPLETION REQUIREMENTS CERTIFICATION FORM

| Name: | Student ID\#: |
| :--- | :--- |
| Major: | Last Semester <br> at OC: |
| To Be Completed by Honors Department |  |
| Degree Applicable GPA: | Honors Courses GPA: |


| 5 HONORS COURSES COMPLETED |  |  |  |
| :--- | :---: | :---: | :---: |
| Honors Class | Instructor | Semester <br> Taken | Grade |$|$|  |  |  |
| :--- | :--- | :--- |
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|  |  |  |

- Attached: Record of Counselor Visits Form
- Attached: Extracurricular Event Attendance Form

I certify that I upheld the standards and policies set forth in the Oxnard College Course Catalog as defined by Board and Administration policies by pursuing my studies with integrity and honesty.

## Honors Scholar Program Student Signature

Date

## Verification by Honors Scholar Program Coordinator

