



Honors High-Impact Practice Completion Form

Honors student, please ensure all information is legible, true and accurate; incomplete or incorrect information may result in not receiving honors credit. Student can only submit one High Impact per form. Once form is completed, submit it to uhpnetwork@utep.edu in a single PDF file by designated deadline. If GPA falls below the required, the High Impact Practices done meanwhile GPA is below the threshold will not be counted. **Visit <https://www.utep.edu/honors/> for more information.**

Student Name: _____ Student ID: _____

Start Date: _____ End Date: _____ Term: Fall Summer Spring Year: _____

Location of High-Impact Practice: _____

Select the practice you completed (only select one):

- | | |
|--------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> Capstone Experiences | <input type="checkbox"/> Student Leadership |
| <input type="checkbox"/> Community Engagement | <input type="checkbox"/> Research and Scholarly Activity |
| <input type="checkbox"/> Creative Activities | <input type="checkbox"/> Student Employment |
| <input type="checkbox"/> Internship | <input type="checkbox"/> Study Abroad/Study Away |
| <input type="checkbox"/> Professional Activities | |

Briefly describe your high-impact experience after completion.

Please check off and sign, in agreement that the honors student complete the High Impact Practice.

_____ Student successfully completed High-Impact practice

 Professor/Director/Employer/Department's Name Department/Company Name

 Phone Number Signature