



HENDRIX-MURPHY FOUNDATION
PROGRAMS IN LITERATURE AND LANGUAGE

MURPHY SCHOLARS PROGRAM
STATEMENT OF COMPLETION
FOR PRE-APPROVED COCURRICULAR CREDIT

SCHOLAR'S NAME _____

SCHOLAR'S MAJOR AND ADVISOR _____

1. NATURE OF PROJECT (CHECK ONE)

_____ Research Assistantship in Literature or Language

Professor _____

Topic _____

_____ Faculty-Led Research Trip in Literature and Language

Destination _____

Is this a course-linked trip? If so, which course? _____

_____ Internship in Literature or Language

at _____ (Name of publication or organization)

_____ Hendrix in Madrid _____ Hendrix in Tours

(NOTE: THE COCURRICULARS BELOW MEET THE MURPHY SCHOLAR SERVICE REQUIREMENT.)

_____ KHDH literary talk show host

_____ Editorial Assistantship at _____ (Name of Publication)

_____ Word Garden leadership position

_____ (Title of position)

_____ Alpha Psi Omega leadership position

_____ (Title of position)

_____ Language club leadership position

_____ (Name of club and title of position)

_____ Aonian staff member, editor, or associate editor

_____ Title of position

_____ Murphy Scholars Program Ambassador

_____ Student Writing Mentor in _____ (Name of Course)

_____ Peer Tutor in literature or language at the Bailey Library Learning Commons

Subject _____

Hours per week _____



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_____ Peer Writing Coach at the Writing Center

Hours per week _____

_____ International Language Ambassador with International Programs Office

Specific Role _____

Hours per week _____

2. ARE YOU SEEKING ODYSSEY CREDIT FOR THIS COCURRICULAR PROJECT? _____ YES _____ NO

If yes: Which Area: _____ AC _____ SP _____ UR _____ GA _____ PL _____ SW

Upon finishing your Cocurricular project, submit the standard Odyssey Project Completion and Transcript Notation Form and any other required paperwork to the Odyssey Office. Specific guidelines for designing projects in each category are available in the Odyssey Program Guide found at www.hendrix.edu/odyssey.

3. WHEN WILL THIS COCURRICULAR TAKE PLACE?

_____ WINTER BREAK 2015–2016 _____ SPRING 2016 _____ SUMMER 2016 _____ FALL 2016

4. I CERTIFY THAT I FULLY PARTICIPATED IN THIS MURPHY SCHOLAR COCURRICULAR EXPERIENCE AND COMPLETED IT AS INDICATED ABOVE.

Signature of Murphy Scholar

Signature of Supervisor or Faculty Sponsor

Date

***Please turn in the completed form to the Murphy Scholars Program Office,
located on the first floor of the Murphy House, within one week of your project's conclusion.***