

**James Millikin Scholars Program**  
Voluntary JMS Program Withdrawal Form

Print Name: \_\_\_\_\_

Millikin ID Number: \_\_\_\_\_

Academic Advisor: \_\_\_\_\_

JMS Advisor: \_\_\_\_\_

I (the undersigned) voluntarily withdraw from the James Millikin Scholars Program. To complete my degree requirements, I will: (check one)

- Remain in the Honors Program and complete the Honors Capstone Project and other honors course requirements.
- Withdraw from the Honors Program (if applicable) and complete the University Studies requirements.

Required Signatures:

Student \_\_\_\_\_ Date \_\_\_\_\_

Academic Advisor \_\_\_\_\_ Date \_\_\_\_\_

JMS Advisor \_\_\_\_\_ Date \_\_\_\_\_  
(If Applicable)

For Office Use Only:	
Honors Director _____	Date _____
Registrar _____	Date _____

Please return this form with all signatures to the Honors Office, Shilling 103c.