



WEBER STATE UNIVERSITY

Honors Program

Department Chair Approvals

I, _____ (Department Chair 1), support this application for an Honors Eccles Fellowship. I agree to reimbursement from the Honors Program for the Fellowship, and will not assign overload classes to this faculty member when they take the related release time.

Signature: _____

I, _____ (Department Chair 2), support this application for an Honors Eccles Fellowship. I agree to reimbursement from the Honors Program for the Fellowship, and will not assign overload classes to this faculty member when they take the related release time.

Signature: _____