

Honors Program Contract

	IEK	M/YEAR:
CONTRACT P	PROPOSAL (please	type or print)
1. STUDENT INFO	ORMATION:	
Name		
Street Address _		
City		State Zip
Telephone		E-mail:
2. COURSE INFO	RMATION:	
TITLE:		
COURSE NUMBE	ER:SECT	ION:
COURSE INSTRU	CTOR:	
	(please see furt	ther information on reverse →)
SIGNATURES	OF AGREEMENT ((type name and check box to indicate approval)
This agreement is between:		This agreement is approved by:
STUDENT	DATE	DIRECTOR OF HONORS DATE
INSTRUCTOR	DATE	PROGRAM COORDINATOR DATE (If adjunct instructor)

SIGNATURES OF APPROVAL

I certify that the above-nai	med student has satisfactorily	FINAL COURSE GRADE	
completed the Honors Cor	tract in this course.	HONORS PROJECT GRADE	
•			
INSTRUCTOR	DATE		

Honors Program Contract continued

INSTRUCTOR INFORMATION:

NAME		
	E-MAIL:	
PROJECT INFORMATIO	N: (REQUIRED)	
TITLE OF PROJECT:		
DESCRIPTION:		
INSTRUCTOR'S STATEMENT (Describe how this project exceeds the normal	expectations of this course:)