Honors Course Contract

Student Information:

Student Name:	Student ID:			7
Phone Number:	Email:			1
I wish to enroll in the following Honors Course of	option:			_
Directed Study: Course Adjustment Option:]	
Department:]
Course Title:				
Course Credits: Course Nur	Course Number: Course Sec		tion Number:	7
I agree to comply with this Honors Course Contr	ract.	•		
Student Signature:		Date:		7
Faculty Information:				
Faculty Name:				
Department:				
Faculty Rank or Job title:				
Faculty Status: Tenured Tenure-tra	ck Non-tenure-track			
Campus Phone: Email:				
I agree to help plan, supervise, and evaluate this	s Honors Course Contra	ct.		
Faculty Signature:			Date:	
A department chairs' approval and signature is only				_
faculty to insure appropriate qualifications to supe	ervise the proposed coul	rse.		-
Department Chair Signature:			Date:	
Please attach a detailed description of the prop			• •	rse contract
for this class. Be sure that the description includ	des specific assignments	s, activities a	na possible due dates.	
The deadline for submitting the initial contract t	to the Honors Program	<u>is no later th</u>	an 5:00 pm on the thir	<u>d Friday of</u>
the semester.				
University Honors Program Initial Contract Appr	roval:			
UHP Director Signature:		C	Date:	
This Honors Course Contract has been approved	J.			
Faculty Final Approval:				
Faculty Signature:			Date:	
This student completed all agreed upon work th	roughout the course of	the semeste	er.	
Submit the final contract with faculty signature	to UHP director by 5:00) pm on Frida	y of "exam week"	
University		A		
	y Honors Program Final	Approval		
UHP signature:	y Honors Program Final	Approval	Date:]