

HONR 400/401 CONTRACT

Name of Student _____

Course: _____ HONR 400 _____ HONR 401 Semester _____ Year _____

Name of Primary Instructor _____

Phone _____ Email _____

Name of Extra-Departmental Second Reader _____

Phone _____ Email _____

Title of Study Project _____

Brief Description of Project _____

Will HONR 400 be used to fulfill a departmental requirement? _____

If so, what course will HONR 400 replace? _____

Signature of Department Chair approving replacement course with HONR 400

Proposed Schedule of Meetings with the Primary Instructor (either name the specific days or cite the frequency, e.g. once a week, twice a month, etc.)

Signature of Student _____ Date _____

Signature of Primary Instructor _____

Signature of Honors Program Director _____