FranklinPierce UNIVERSITY

Honors Contract

STUDENT INFORMATION

Student Name: _____ Student Number: _____ Date: _____

Major: _____ Class Standing: ☐ SR ☐ JR ☐ SO ☐ FR Semester & Year of Contract: _____

Academic Advisor Name: _____ Cumulative GPA: _____

PROCEDURE

This form is to be completed by the student and the course instructor and then submitted to the Honors Program Coordinator. At the conclusion of the course, the Honor Program Coordinator will return the form to the Instructor for certification that the Honors Component(s) was/were satisfactorily completed. The Instructor then returns the form to the Honors Coordinator for signature and the form is sent to the Office of the Registrar in DiGregorio.

COURSE INFORMATION

Course Number: _____ Course Section: _____ Course Title: _____

Instructor Name: _____ Academic Rank: _____

Description of Honors Component (attach additional material if necessary): _____

_____

_____

Instructors Statement (describe how components exceed normal course expectations): _____

_____

_____

SIGNATURES OF AGREEMENT

This agreement is between:

Student Signature	Student Name (Printed)	Date
Instructor Signature	Instructor Name (Printed)	Date

This agreement is approved by:

Honors Coordinator Signature	Honors Coordinator Name (Printed)	Date

SIGNATURES OF APPROVAL

I certify that the above named student has satisfactorily completed the honors contract in this course according to the standards of this contract:

Instructor Signature	Instructor Name (Printed)	Date
Honors Coordinator Signature	Honors Coordinator Name (Printed)	Date

Processed by: _____ Date: _____ Rev. 1/16

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