

## HONORS STUDENT CONTRACT COMPLETION FORM

First Name:			Last Name:			
Date:			Student ID #:			
Contact #:	Cell:			Other:		
	Email:					
Professor's Name:				Semester and Ye	ear:	
Course Name:				CRN	CRN #:	
Type of Hone	ors Contract [	Please choose one]:				
Term Paper			Research Paper	Re	Research Project	
Service/Community-Based			Creative Project Other:	ect Web Site Design		
			mpleted honors contra p drive to Dr. Klaschus.			
address the	following are	as:				
	Goals a	and Objectives:				
		-	ors academic activity			
	Metho	ds and Outcomes:	by completing the hor	iors project?		
			nods you used to compl outcome of your hono		ntract.	
Signature o	f Student:			Date:		
Signature o	f Professor:			Date:		
HP Director	approval:			Date:		