

**HONORS CREDIT PROPOSAL (HONORS CONTRACT)
for Students Enrolled in Non-Honors Courses
at the 300 or 400 Level**

Name of Student: _____ Class of: _____

E-mail address: _____ Phone # _____

Mailing address: _____

Student ID Number: _____ Major: _____ Minor: _____

Semester: _____ Academic Year: _____

Course in which Honors Credit is sought:

Number and Title of Course

To the student:

Please provide on a separate sheet a detailed description of your proposed Honors Component--*i.e.*, the additional work which you intend to undertake in order to qualify for Honors credit. Please specify the topic/s to be investigated, the mode of inquiry, and the basis of evaluation (*e.g.*-- number and length of paper/s; scope and form of research project/s).

Student Date

Instructor Date

Chairperson of the Departmental Honors Committee
OR Date

Chairperson of the student's Commonwealth Honors
Supervisory Committee Date

Director of the Honors Program Date

NOTE: THIS FORM SHOULD BE RETURNED TO THE HONORS CENTER BY THE END OF THE SECOND WEEK OF THE SEMESTER. A COPY SHOULD BE RETAINED BY EACH SIGNATORY.