**HONORS COLLEGE**

**COURSE CONTRACT CERTIFICATION FORM**

**Instructions:** Please complete and submit to the Honors College Office, AB IV Room 201, by the end of the semester. Please contact us for any questions: 936-294-1477 or honors@shsu.edu.

Please print legibly.

**Student Information:**

Name: ___________________________ SAM ID: ___________________________
Phone Number: ___________________ Subject/Course (EX: POLS 2301): _____________ Section: ____
Course Title: ___________________________ Semester: ☐ Fall ☐ Spring 20____

**Instructor Information:**

Name: ___________________________ E-mail: ___________________________
Department: ___________________________ Phone: (________) ________ - ____________

Did the student successfully complete all the requirements to fulfill this contract? ☐ Yes ☐ No

If No, which requirements did the student fail to meet? __________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Did the student consistently participate in frequent meetings, at least bi-weekly, with the instructor? ☐ Yes ☐ No

The student received the following grade in this course: ☐ A ☐ B ☐ C ☐ D ☐ F ☐ IP ☐ X ☐ Q

Overall, how would you rate this contract project as an “honors experience” for the student? (Please circle)

<table>
<thead>
<tr>
<th>Excellent</th>
<th>Average</th>
<th>Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>6</td>
<td>5</td>
</tr>
<tr>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>1</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Instructor Signature: ___________________________ Date: ___________________________