

HONORS COLLEGE

COURSE CONTRACT CERTIFICATION FORM

Instructions: Please complete and submit to the Honors College Office, by the end of the semester.
Contact us if needed at 936-294-1477 or HONORS@SHSU.EDU

Please print legibly.

Student Information:

Name: _____ SAM ID: _____
SHSU Email: _____ 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.)

Excellent

7

6

5

Average

4

3

2

Poor

1

Instructor Signature: _____ **Date:** _____