



# 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: \_\_\_\_\_  
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			Average			Poor
7	6	5	4	3	2	1

**Instructor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_