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:________________________

Honors College Course Contract Certification Form