HONORS COLLEGE

COURSE CONTRACT CANCELLATION FORM

Instructions: Complete and submit to the Honors Office AB IV Room 201 if you cancel a contract. For questions, contact us at 936-294-1477 or honors@shsu.edu.

Please print legibly.

Student Information:
Name: ____________________________ SAM ID: ____________________________
SHSU Email: ______________________ Semester:  □ Fall  □ Spring 20 __

Course Information:
Subject/Course (EX: POLS 2301): ___________ Section: ___________
Course Title: __________________________________________________________________________
Instructor Name: ____________________________ E-mail: ____________________________ Department: ____________________________

Student Cancellation Information:
Please describe in detail the reason for cancelling your contract:
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Are you completing any other honors contracts/courses this semester? If so, please list them:
Subject/Course (EX: POLS 2301): ___________ Section: ___________
Course Title: __________________________________________________________________________

Subject/Course (EX: POLS 2301): ___________ Section: ___________
Course Title: __________________________________________________________________________

Instructor Comments:
Please add any comments or concerns you have about this cancelled contract:
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Student Signature: ____________________________ Date: ____________
Instructor Signature: ____________________________ Date: ____________

Department:

Does an appointment need to be scheduled with the student?  Yes  No

Notes: __________________________________________________________________________________

Honors College Dean Signature: ____________________________ Date: ____________