



# Honors Contract

Faculty-Initiated

Course: \_\_\_\_\_ Section: \_\_\_\_\_ Semester: \_\_\_\_\_ Year: \_\_\_\_\_

*\*\*Please review the Honors Contract Guidelines on the UHP website before completing this contract.*

### Names of Students Pursuing Honors Credit through a Faculty-Initiated Honors Contract

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Student	ID Number	Email
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Student	ID Number	Email
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Student	ID Number	Email
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### Faculty Information

Title:  Dr.  Ms.  Mrs.  Mr.      Name: \_\_\_\_\_

Phone: \_\_\_\_\_      Department: \_\_\_\_\_

Campus Box: \_\_\_\_\_      Email: \_\_\_\_\_

Signature: \_\_\_\_\_      Date: \_\_\_\_\_

**On a separate page attached to this form, please describe the following in detail:**

- the contract objectives,
- work to be completed (include a list of additional readings),
- how this course of study complements the student’s academic goals and the goals of this course,
- how this contract helps the student develop the capacity for self-reflection, independent and/or collaborative learning, project design and completion, and the capacity to create, test, and modify project outcomes.

For Office Use Only

Date Submitted: \_\_\_\_\_      Date Approved: \_\_\_\_\_      Instructor/Student notified: \_\_\_\_\_

**Please submit this form in hard copy to the UHP Office, 219 Clark Hall, Campus Box 8610**