HONORS OPTION CONTRACT FORM

Student Information:

Student’s Name: ___________________________ ID Number: __________________

Local Address: __________________________________________________________________

Email Address: __________________________________________________________________

Advisor’s Name: __________________________________________________________________

Enrolled in Honors College? ______ Yes _____ No

Course Information:

Semester: __________ Year: _______________ College: ____________________________

Academic Unit (Department/Program): __________________________________________________________________

Faculty Member’s Name: __________________________________________________________________

Faculty Member’s Email Address: __________________________________________________________________

Course Title: __________________________________________________________________

Course Number (With Prefix): __________________________________________________________________

Section Number: ________________ Credit Hours: __________________

Description of the Plan of Study:

Attach a description of the plan of study identifying the additional work to be completed that will provide an in-depth examination of the topic and enrich the student’s academic experience. Include a statement of how the additional requirements will be factored into the final grade for the course. Attach a course syllabus.