

**SKYLINE COLLEGE
HONORS STUDY CONTRACT**

Note: Student must be approved for a contract by Honors Director

Semester: _____

Student's Name: _____ G# _____

E-mail address: _____

Telephone Number: _____

Course which this Contract Study will supplement _____

CRN: _____

Honors **Contract Project Description and Requirements** (e.g., research paper, laboratory work, readings and demonstration, field work, portfolio, etc.) beyond standard course requirements:

To be completed by the student:

1. Number of units completed: _____
2. Final semester at Skyline will be _____
3. Honors courses completed: _____
4. I have read the Guidelines for Honors Contract Seminar and I agree to the terms of this contract.

Student signature _____ **Date** _____

To be completed by the professor:

I have read the Guidelines for Honors Contract Seminar, and I agree to direct this Honors Contract Study during _____ semester, 20 ____.

Professor's signature _____ **Print name here please!** _____ **Date:** _____

Honors Program:

Director's approval _____ **Date** _____

Student submits signed contract to John Ulloa in the Honors Office, Room 5111, by the last day to add/drop courses in the semester covered by the contract. Both instructor and student should keep a copy of the contract.