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.