

HONORS OPTION CONTRACT
John Carroll University Honors Program

Please complete this contract and submit it **with the syllabus of the course you will be using for the Honors Option**. See Guidelines for Honors Option on the Honors Program web site (Under "Forms") for information and guidelines. Please type or print clearly.

NAME OF STUDENT _____ SEMESTER/YEAR OF H OPTION _____

NAME OF COURSE IINSTRUCTOR _____ COURSE NUMBER _____

STUDENT'S E-MAIL ADDRESS _____ CREDIT HOURS _____

STUDENT'S LOCAL MAILING ADDRESS _____ LOCAL PHONE _____

1. Title of Course: _____

2. Briefly describe student activities for Honors Option credit (see Guidelines for examples):

3. Requirements and method of evaluation for Honors Option credit:

4. Timetable/Deadlines:

Signature of Student

Date

Signature of Course Instructor

Date

Signature of Director

Date