HONORS CONTRACT ASSESSMENT FORM

Date submitted:________________________

Student:________________________________________

ID#:________________________ Projected Graduation Date:__________

Instructor:________________________________________ Dept:____________

Course Number & Name:________________________ Semester:____________

1. Grade for the course:________________________

2. Credit for the Contract: Please check the appropriate performance indicator:
   ______ Yes, the student should receive Honors credit for the Contract course.
   ______ No, the student should not receive Honors credit for the Contract course.

3. Comments (please address specific Contract work presented):

4. Please send an attachment of the completed tangible evidence of the completed Contract.

__________________________________________  __________________________
Signature of student/date  Signature of instructor/date

____________________________
Honors College approval /date

Please return completed form to ugresearch@txstate.edu.

Revised 5/31/18