

◆ HONORS CONTRACT COMPLETION FORM ◆

**NOTE: This form must be filled out in its entirety before Honors Credit can be awarded.
PLEASE PRINT.**

Date: ____/____/____ **This contract is for the** _____ **Semester, 20**_____

Student Name: _____ **Student ID#:** _____

Subject (e.g., *English, Math, History, etc.*): _____

Catalog Number (*formerly Course Number, e.g., 403, 321, etc.*): _____

Course Title: _____

Name of Instructor: _____

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This is to certify the above student has successfully completed the Honors Project in this class and should receive Honors credit for the class.

Brief project description:

Professor's Signature: _____

Thank you for your cooperation.

Please return this form to:

Dr. Gayle Levy, Honors Program Director
c/o Sally Mason, Honors Program Secretary
204 Haag Hall
masonsal@umkc.edu
Telephone: 816-235-5854