

HONORS SCHOLARS PROGRAM
CONTRACT FOR HONORS CREDIT
FOR REGULAR COURSE
Please type or print carefully



The University of North Carolina Wilmington

Student Course

Name: _____ Course: _____

Student ID Number: _____ Semester/Year: _____

Phone: _____ Instructor: _____

UNCW P.O. Box: _____

GPA: _____ on _____ hours.

*This course will be adapted for honors credit in the following manner:
(additional reading, scholarly work, research reports, lab work, co-teaching, etc.)*

To the student:

1. I am eligible to take honors credit (GPA of 3.2 or better)
2. I understand that in order to earn honors credit for this course, I must earn a grade of B or higher.
3. I agree to complete the above work for honors credit in this course.
4. I may be released from this agreement without penalty after consultation with the instructor. I understand that I will be responsible for the completion of all regular course assignments.

Signatures:

_____ DATE

STUDENT

_____ DATE

INSTRUCTOR

_____ DATE

DEPARTMENT CHAIR

(Please return this form to the Honors Office in Randall Library)

_____ DATE

HONORS DIRECTOR

Upon Completion of Course:

I certify that the student above has successfully completed the designated work and completed this course with a grade of B or better and should receive honors credit for this course.

_____ DATE

INSTRUCTOR

_____ DATE

HONORS DIRECTOR