Honors Course by Contract

Name __________________________ Class year (Fr, So, etc.) _______________________

Email address ________________________________________________________________

Major(s) ____________________________Advisor(s) ______________________________

Course you desire to take by contract (dept., number, title) ____________________________

______________________________________________________________

Instructor ____________________________ Semester __________________________

Send this completed form electronically to jwhc.admissions@indwes.edu. Questions should be directed to the Honors College office at ext. 1799.

Requests for Honors Course by Contract will be evaluated and approved by the JWHC director.

Please respond to the following prompts:

1. Provide a description of Honors work for this course (i.e., what will you do to earn Honors credit for this class?).

2. For what will the Honors work serve as a substitute? When is it due? What percent of the final grade will this project be?

3. Provide a list of aims or goals of the special Honors requirements.