



*Mens et Spiritus*

HONORS OPTION CONTRACT

Name: \_\_\_\_\_ ID # \_\_\_\_\_

Address: \_\_\_\_\_

Local Telephone No: \_\_\_\_\_ Proposed date of graduation: \_\_\_\_\_

Email address: \_\_\_\_\_ Major: \_\_\_\_\_

Dept. Name and Course #: \_\_\_\_\_

Name of Course: \_\_\_\_\_

Number of units: \_\_\_\_\_ Professor: \_\_\_\_\_

Semester: \_\_\_\_\_

Describe Honors addition to course:

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\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Faculty Signature

\_\_\_\_\_  
Honors Program Director Signature

**\*NOTE:** Be sure to make a copy for yourself before turning in this form\*