

Contract Completion/Extension Form

Fall Spring

Summer

Year _____

Stude	ent's Name:						
		First Name	Last Na	me			
Stude	ent ID #:		Course '	Гіскеt #:			
Cour	se Name/Nu	mber:					
Instru	uctor's Name	2:					
comp	olete copy of	ur duty to sign this fall your project wor onors Contract for therm.	rk, <u>before the da</u>	te of your course fi	inal exam. Ih	nave	
Student's Signature					Date	Date	
to ser	nd this form,	your duty to evalua along with all attach ts will not receive h	hments, to the S	HP Office on or be	fore the last d		
1.	This studer	nt's final course grad	de is:				
2.	This studer	nt has completed the	Honors Contrac	ct for this course:	Yes	No	
3.	The Honor	s Contract work is: S	Satisfactory	Unsatisfactory	7		
4.	I have granted the student an extension to complete the project work until (date) and notified the SHP Office staff in advance.						
5.	Total numb	otal number of hours the student has worked under your supervision:					
	Inst	ructor's Signature			Date.		