REQUEST TO CANCEL HONORS CONTRACT

This form must be completed and signed by both the student and the instructor during the quarter in which the honors contract is undertaken. Return to the College office, 1117 Cheadle Hall.

STUDENT’S NAME: LAST FIRST MIDDLE PERM #

E-MAIL ADDRESS PHONE # QUARTER

TO BE COMPLETED BY THE STUDENT

REQUEST TO CANCEL HONORS CONTRACT FOR:

COURSE: ________________________________ DEPARTMENT ________________________________ INSTRUCTOR: ________________________________

COURSE #: ____________________________ COURSE #: ____________________________

WHY DO YOU WANT TO CANCEL THIS CONTRACT?

STUDENT’S SIGNATURE DATE

TO BE COMPLETED BY THE INSTRUCTOR

DO YOU OBJECT TO THE REQUESTED HONORS CONTRACT CANCELLATION? □ No □ Yes

COMMENTS:

INSTRUCTOR’S SIGNATURE DATE