

HONORS PROGRAM CONTRACT

		Semester_	Yea	r		
Student I	<u>nformation</u>					
Name:					SWC ID:	
_ ,,,,,	Last	First				
Phone:	()		Ema	il:		
				_		
Course I	nformation					
Sample: C	ourse & Sect #	ENG 115-01	Number of Units:	4	Instructor's Name	M. Teacher
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	Section Number		Number of Units:		Instructor's Name	
	Section Number		Number of Units:		Instructor's Name	
	Section Number		Number of Units:		Instructor's Name	
	Section Number		Number of Units:		Instructor's Name	
Course &	Section Number	:	Number of Units:		Instructor's Name	
or highe By signi- understa	er and compling this contrands the prog	ete all honors ac act the student a gram requires an	agrees to uphold th n increased level o	ne re f rig	equirement of a 3. for.	2 GPA and
The hon	ors contract	needs to be subi	nitted by the end o	of th	e 4 th week of class	ses.
	s Signature ~ at it is my sig		ame in this space, I		Date	
For office	e use only:					
Honors	Counselor's	Signature			Date	

Honors Counselor to check this box after verification has been completed.