Honors Project Learning Contract

Kirkwood Community College

Student’s Name _______________________________ Email Address _______________________________

Kirkwood I.D. # ______________________________ Professor’s Name _______________________________

Title of Project _______________________________ Discipline Area _______________________________

Option 1: 
PTK Honors Topic ________ Year Synonym # ________ Course/Section # ________

Option 2: 
Alternative to PTK Honors Topic Start Date ________ Completion Date ________

Kirkwood GPA _______
(Minimum 3.4 required unless approved by Honors Chair)

High School GPA _______ ACT Score _______ SAT Score _______
(For students with 0-11 Kirkwood credits: minimum GPA of 3.6 or ACT of 25 or SAT of 1170 required.)

The above named student agrees to complete an honors project that includes the following learning objectives:

Required meetings, conferences, or other activities:

Textbook and other required materials:

Criteria for evaluating the student project:

You must have proper signatures before presenting this to the Department Coordinator for registration.

____________________________________  ______
Student

Date

Supervising Professor

Date

____________________________________  ______
Supervising Professor

Date

____________________________________  ______
Dean

Date

Honors Chair

Date

Original contract: Dean
Photocopy: Honors Supervising Professor
Photocopy: Honors Faculty Chair
Photocopy: Student