# 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 One Stop Shop.

| | | | |
|---|---|---|---|
| _____ | _____ | _____ | _____ |
| Student | Date | Supervising Professor | Date |
| _____ | _____ | _____ | _____ |
| Dean | Date | Honors Chair | Date |

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

*****Reminder: A signed Add Slip must be taken to the One Stop Shop to complete registration*****