

# 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
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Dean	Date	Honors Chair	Date
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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\*\*\***