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.

_________________________________________ Date  __________________________ Date
Student

_________________________________________ Date  __________________________ Date
Supervising Professor

_________________________________________ Date  __________________________ Date
Dean

_________________________________________ Date  __________________________ Date
Honors Chair

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***