**Student Name:** Last Name**,** First Name

**Honors College Honors by Contract Project Contract**

1. **Basic Information**

**Course Number/Section/CRN:** Click here to enter text.

**Course Title:** Click here to enter text.

**Faculty Supervisor Information:**

**Name:** Click here to enter text. **Preferred Title:** Choose an item.

**UA Email:** Click here to enter text.

**Campus Office Location:** Click here to enter text.

**Campus Box #:** Click here to enter text.

**Campus Phone:** 348-Click here to enter text.

**Preferred weekly meeting date/time (if part of the HBC project):** Click here to enter text.

**Faculty Supervisor’s Department:** Click here to enter text.

**Faculty Supervisor’s Department Head:** Click here to enter text.

**Faculty Supervisor’s Department Head Email:** Click here to enter text.

**Student Information:**

**CWID:** CWID **Anticipated Graduation Month and Year:** Mo. YYYY

**Major:** Click here to enter text.

**College:** Click here to enter text.

**Preferred Phone:** Click here to enter text.

**Crimson Email:** Click here to enter text.

1. **Project Overview**

**Detailed Project Description:** Click here to enter text.

**Student Learning Objectives:** Click here to enter text.

**Please explain why none of the currently offered Honors courses, departmental or UH, satisfy your academic needs.** Click here to enter text.

**Why are you proposing to take this specific course as Honors by Contract?** Click here to enter text.

**Please explain how the proposed Honors by Contract project differs from the expectations of the regular course:** Click here to enter text.

**Required Resources**

**Software (operating systems, languages, & applications):** Click here to enter text.

**Reference Materials:** Click here to enter text.

**Other:** Click here to enter text.

**Source of required resources:** Click here to enter text.

**Primary Deliverable(s):** Click here to enter text.

**The signatures below indicate that these individuals have read this contract and approve it as an appropriate academic experience.**

**Student Date**

**Faculty Supervisor Date**

**(Responsible for grading and grade entry)**

**Department Chair Date**

**Project Plan**

**Please provide a projected timeline, anticipated number of hours required to complete each phase of the project, and deliverables from each action item.**

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| --- | --- | --- | --- | --- | --- |
| **Activity (Project Phases)** | **Start Date** | **Est. Duration (# of hours)** | **Deadline** | **Resources Used** | **Deliverable** |
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**Assessment Methods**

**The faculty supervisor should provide an explanation of how the project will be assessed and deadlines associated with the assessment(s). Please feel free to attach additional information and/or a grading rubric for the project.**

|  |  |
| --- | --- |
| **How will the project be assessed?** | **Assessment Deadline** |
|  |  |

**Approval: The signatures below indicate that these individuals have read this contract and approve it as an appropriate academic experience.**

**Student Date**

**Faculty Supervisor Date**

**(Responsible for grading and grade entry)**

**\_\_\_\_\_\_**

**Department Chair Date**