

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

Dean Date Honors Chair Date

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