Honors Course Contract Verification and Satisfaction Form
To be filled out by contracting professor

Name of Honor Student: ____________________________

Professor’s Name: ______________________________

Course contracted: ________________________________

Semester Contracted: _____________________________

Did the student complete all assignments specified in the agreed upon contract at the beginning of the semester?

Notes: ________________________________

Did the student’s work meet expectation?

Notes: ________________________________

Would you recommend this student to another contracting professor?

Notes: ________________________________

______________________________  _________________________
Professor Signature             Date