

HRD Honors Class Contract
(to be filled out during the first week of classes each semester)

Date: _____

Student Information

Name: _____ Semester / Year: _____

UIN: _____ Expected Graduation Date: _____

Course Information

Course Prefix, Number, and Section: _____

Course Title: _____

Professor's Name: _____

Description of Paper/Project

Description: _____

Due Date: _____

Signatures

Student Signature

Professor Signature

(Please return to Dr. Judy Sandlin upon completion)