

**HONORS CONTRACT FOR HONORS WORK IN A
NON-HONORS CLASS**

(Please make three copies of completed contract: one for the student, one for the instructor, and one for the Director of the Insignis Program)

STUDENT_NAME: _____

Local address: _____

Phone & email: _____

Major: _____

Term: FA / SP year: _____

Course number and section: _____

Instructor: _____

Instructor email address: _____

Requirement for honors work: _____

Special or different reading, research, and/or activities: _____

Special or different writing: _____

Venue for sharing work: _____

Signatures

Student _____ Instructor _____

Director, upon completion _____