



## GALVESTON HONORS PROGRAM

Please return to Honors Advisor  
2<sup>nd</sup> floor MAIN (3034) suite 206

Copy of syllabus must be attached in order to be reviewed.

For additional information or questions, please e-mail [honors@tamug.edu](mailto:honors@tamug.edu)

## HONORS COURSE CONTRACT VERIFICATION FORM

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

UIN: \_\_\_\_\_

Major: \_\_\_\_\_

Contracting Semester:  Fall  Spring

Year: \_\_\_\_\_

Course Number: \_\_\_\_\_

Course Section: \_\_\_\_\_

## CONTRACT INFORMATION

Did the student complete all assignments specified in the agreed upon contract at the beginning of the semester?  Yes  No

Please describe your experience with the student.

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Did the student's work meet expectations?  Yes  No

Please describe the student's work in regards to your expectations.

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Would you recommend this student to another contracting professor?  Yes  No

Additional comments: \_\_\_\_\_

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Contracting Professor Signature: \_\_\_\_\_

Date: \_\_\_\_\_