



Commonwealth Honors Option Contract Completion Form

To: Faculty who agreed to an Honors Contract

From: David Kalivas, Ph.D., Honors Program Coordinator

Re: Completion of Honors Contract

Please complete the form below and return this to me as soon as possible at the end of the semester for proper recognition of honors grade on the student transcript. Thank you for the time and guidance you have given this student, allowing him/her to complete one of the requirements for the Honors Program.

Student Name: _____

Student I.D. _____

Honors Contract Course: _____

Semester : _____

Grade: _____

Note: To receive credit as an Honors course, the student must receive a grade of B or better.

Faculty Signature: _____ Date: _____

**Please return signed form to David Kalivas, Ph.D. at end of
semester or Donna Colella, Bldg. 9 – Rm. 107
colellad@middlesex.mass.edu**