

# Honors Project Learning Contract

Kirkwood Community College

Student's Name \_\_\_\_\_ Email Address \_\_\_\_\_

Kirkwood I.D. # \_\_\_\_\_ Professor's Name \_\_\_\_\_

Title of Project \_\_\_\_\_ Discipline Area \_\_\_\_\_

Option 1:  
\_\_\_\_\_ PTK Honors Topic \_\_\_\_\_ Year \_\_\_\_\_ Synonym # \_\_\_\_\_ Course/Section # \_\_\_\_\_

Option 2:  
\_\_\_\_\_ Alternative to PTK Honors Topic \_\_\_\_\_ Start Date \_\_\_\_\_ Completion Date \_\_\_\_\_

Kirkwood GPA \_\_\_\_\_  
(Minimum 3.4 required unless approved by Honors Chair)

High School GPA \_\_\_\_\_ ACT Score \_\_\_\_\_ SAT Score \_\_\_\_\_  
(For students with 0-11 Kirkwood credits: minimum GPA of 3.6 or ACT of 25 or SAT of 1170 required.)

The above named student agrees to complete an honors project that includes the following learning objectives:

Required meetings, conferences, or other activities:

Textbook and other required materials:

Criteria for evaluating the student project:

You must have proper signatures before presenting this to Enrollment Services.

\_\_\_\_\_  
Student Date \_\_\_\_\_ Supervising Professor Date \_\_\_\_\_

\_\_\_\_\_  
Dean Date \_\_\_\_\_ Honors Chair Date \_\_\_\_\_

Original contract: Dean  
Photocopy: Honors Supervising Professor  
Photocopy: Honors Faculty Chair  
Photocopy: Student

**Student: I request and accept responsibility for the above changes to my schedule and educational program.**

**Faculty: By signing I agree to teach the above listed course and to allow this student to enroll.**