# SDSU Honors College Option Contract

**Student Name:**
- Last
- First
- M.I.
- Email Address
- Student ID Number

<table>
<thead>
<tr>
<th>Course Name and Number</th>
<th>Section Number</th>
<th>CRN Number</th>
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**Instructor Name**

Description of Contract Provisions: (attach paper if more space is needed)

Instructor’s explanation of how this project is over and above the regular course work:

I agree to do the above project in accordance with the Honors College standards

Student Signature 
- Date

Instructor Signature 
- Date

**Instructor - Please sign off below when contract is completed**

Honors Project Completed and Accepted:  No_____ Yes_____

I certify the above named student has completed this Honors Option Contract to my satisfaction.

Instructor Signature 
- Date

I certify the above named student completed this Honors Option Contract in accordance to Honors College requirements.

Dean of the Honors College 
- Date

Delivered to Registrar’s Office – Date___________________