
Frostburg State University Honors Program

HONORS COURSE ENHANCEMENT COMPLETION FORM

Term: _____ Year: _____

STUDENT NAME (Last, First, Middle)	Cumulative GPA	PAWS ID

COURSE NO.	Section No.	Course Title

APPLICANT

INSTRUCTOR NAME: _____

TITLE OF ACTIVITY: _____

CERTIFICATION

Honors Course Enhancement Completed and Accepted: NO _____ YES _____ Final Course Grade Earned: _____

I certify the above-named student has satisfactorily completed the Honors Course Enhancement Contract in this course, according to the standards of the Honors Program listed on the back of this contract.

Instructor

Date

Honors Program Director

Date

Distribution: White Copy - Instructor | Yellow Copy - Honors Program | Pink Copy - Student

To finalize the enhancement process the student must fill out the Honors Course Enhancement Completion Form, have it signed by the director of the Honors Program and the professor of the course, and submit a copy of the work to the Honors Program.