

A P P L I C A N T C E R T I F I C A T I O N H O N O R S	Frostburg State University Honors Program		Term _____ Year _____		
	<i>Please Type or Print Neatly</i>				
	HONORS COURSE ENHANCEMENT COMPLETION FORM				
	STUDENT NAME: (Last, First, Middle)		Cumulative GPA	PAWS ID	
	COURSE NO.	Section No.	Course Title		
	INSTRUCTOR NAME				
	TITLE OF ACTIVITY:				
	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			
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.