

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 EXPERIENTIAL LEARNING (EL) PROJECT COMPLETION FORM			
	STUDENT NAME: (Last, First, Middle)	Cumulative GPA	PAWS ID	
	INSTRUCTOR SUPERVISING PROJECT			
	TITLE OF EXPERIENTIAL LEARNING PROJECT:			
	Honors Course EL Project Completed and Accepted: NO _____ YES _____ Final Course Grade Earned: _____			
	I certify the above-named student has satisfactorily completed the Honors Course Experiential Learning Project 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 experiential learning project process the student must fill out the Honors Experiential Learning Project Completion Form, have it signed by the director of the Honors Program and the instructor of the course, and submit a copy of the work to the Honors Program.