

Graduate Honors Course by Contract

Please submit this form to the Honors office by the 5^{th} week of the semester in which you are enrolled in the graduate course. Please contact the Honors Program office at (970) 351-2940 with any questions.

St	udent Name		Bear #			
Er	nail		Semester/Year			
Co	ourse Number/Title					
Al	pproval (due by the 5th week	of the semester)				
	Student Signature:		Date			
	Honors Program Approval:		Date			
FO	OR OFFICE USE ONLY					
	Logged Access Date:	☐ Course Adjustment Su	bmitted Date:			
	Submitted by:					
	Course Adj type: Elective Substitution Waiver					
0	Course Taken:	Course substituted for:	(if applicable)			
	Credit Hours waived (for waiver					
0	Comments: [circle HIP/UHP/HC	ON]				