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## Graduate Honors Course by Contract

Please submit this form to the Honors office by the 5th 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.

**Student Name Bear #**

**Email Semester/Year**

**Course Number/Title**

**Approval (due by the 5th week of the semester)**

Student Signature: Date

Honors Program Approval: Date

**FOR OFFICE USE ONLY**

* Logged Access Date: ❑ Course Adjustment Submitted Date:
* Submitted by: ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Course Adj type: ❑ Elective ❑ Substitution ❑ Waiver
* Course Taken: Course substituted for: (if applicable)

Credit Hours waived (for waivers): \_\_\_\_\_\_

* Comments: [circle HIP/UHP/HON]