

HIP COURSE BY CONTRACT FORM

Submit this form with the initial faculty signature by the fifth week of the semester, keeping a copy for end of semester signatures. After the course is completed, including the "enriched" work, submit the form the second time to the Honors office within one week of the end of the semester. Please contact the Honors Program office at (970) 351-2940 with any questions.

Name:	Bear Number:	_
Major(s):	Email:	_
Course #/Title:		_
Professor:	Semester/Year:	_
 Please list the additional work to Course (attach an additional sheet) 	be completed in this course in order for it to be course if required):	nted as an Honors
Initial Semester approvals (due by th	e 5th week of the semester): Date	_
Faculty Signature:	Date	<u> </u>
Honors Program:	Date	_
End of Semester approval (due one w	eek after end of semester):	
Student Signature:	_Date	_
The student completed the addition	nal work in a satisfactory manner.	
Faculty Signature:	_Date	_
STAFF USE ONLY:		
FOR OFFICE USE ONLY		
■ Logged Access Date:■ Submitted by:	☐ Course Adjustment Submitted Date:	
Course Adj type: Elective Subs	stitution 🗆 Waiver	
Course Taken:	Course substituted for: (if applicable)	
Credit Hours waived (for waivers):	Course substituted for: (if applicable)	
Comments: [circle HIP/UHP/HON]		