

HONORS

The Carl Goodson Honors Program at Ouachita Baptist University

Completion of Honors Credit

Name: _____ Date: _____

Student ID Number: _____ Semester and Year: _____

Course Name and Number: _____

The student has completed the coursework described in the contract and deserves Honors credit for it.

Instructor's Signature: _____ Date: _____

The terms of the contract have been met to my satisfaction, and I will inform the Registrar to adjust the student's transcript accordingly.

Director's Signature: _____ Date: _____

The student should return the completed contract to the Director of the Program (Dr. Pemberton) within one week after the final exam has ended.

Attach a copy of the coursework.