**HONORS CONTRACT – LSC HONORS COLLEGE**



**SEMESTER/YEAR: \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_**

**COURSE/COURSE INSTRUCTOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MENTOR: \_\_\_\_\_\_\_\_\_\_\_\_**

**STUDENT I.D.: \_\_\_\_\_\_\_\_\_\_\_\_**

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Student’s Signature Student’s Name (Print) Date

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Honors Mentor’s Signature Honors Mentor’s Name (Print) Date

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Instructor’s Signature Instructor’s Name (Print) Date

**USE THIS FORM AS A WORKSHEET - PLEASE COMPLETE THE FORM ONLINE:**

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