

## HONORS-BY-CONTRACT COMPLETION FORM

Student Name		Faculty Name	
SID		Faculty Rank	
UT Email		Department	
Major		UT Email	
		Office Phone	
Course Title			
Course Dept and No.			
Semester/Year			
Credit Hours			
		_	
COURSE GRADE RECEIVED/	PROJECTED		
HAS THE STUDENT EARNED	HONORS CREDIT BY CO	MPLETING CONT	FRACT REQUIREMENTS?
YES			
NO			
This COMPLETION FORM is o	due by the grade deadline	. All materials sho	ould be submitted to the
CHANCELLOR'S HONORS PR	ROGRAM, 130 HOWARD E	BAKER CENTER, I	nonors@utk.edu.
		-	
FACULTY SIGNATURE/DATE		DEPARTMENT F	HEAD SIGNATURE/DATE
RECORDED BY (CHP STAFF/DA	.I <b>⊏</b> <i>)</i>		
	001100510 05010 11050		
FOR CHP USE ONLY: IF THIS			CHP REQUIREMENTS,
WHICH BROADENED PERSPE	ECTIVE CATEGORY DOES	II FULFILL!	