

**HONORS DIRECTED READINGS (HP 399)  
CONTRACT**

Complete this contract and submit it with the description of your Honors Directed Readings course. Please type or print clearly.

\_\_\_\_\_  
Name of applicant

\_\_\_\_\_  
Name of Faculty Advisor

\_\_\_\_\_  
Local mailing address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
E-mail address

Semester registering for: \_\_\_ Fall \_\_\_ Spring \_\_\_ Summer Year: 20\_\_\_ Number of credits \_\_\_\_\_

1. **Title of Directed Readings:** \_\_\_\_\_  
\_\_\_\_\_

2. **Brief Description of Reading Area:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. **Requirements and Method of Evaluation:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. **Timetable/Deadlines:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Student Date

\_\_\_\_\_  
Signature of Advisor Date

\_\_\_\_\_  
Signature of Director Date  
(04/04)