

**HONORS PROGRAM  
ACADEMIC PLAN CONTRACT**

Name \_\_\_\_\_ CSU ID \_\_\_\_\_

Major(s) \_\_\_\_\_ Minor(s) \_\_\_\_\_

Anticipated Graduation Term \_\_\_\_\_

Faculty Advisor(s) \_\_\_\_\_

*Please note: Indicate all upper division coursework. Attach additional sheets if necessary.*

**UNIVERSITY HONORS UPPER DIVISION COURSEWORK**

<i>Fall Semester</i>	<i>Year</i> _____	<i>Spring Semester</i>	<i>Year</i> _____
HON 200/201		HON 200/201	


<i>Fall Semester</i>	<i>Year</i> _____	<i>Spring Semester</i>	<i>Year</i> _____
HON 200/201		HON 200/201	


I agree that the above information is correct, and I understand that I cannot graduate from the University Honors Program without completing the Upper Division Requirements for the Honors Program, including all Honors Seminar Courses, while maintaining a 3.5 Cumulative GPA.

Student Signature	Date
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Faculty Advisor Signature	Date
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**\*\*For Honors Program Office Use Only\*\***

The above student has completed the necessary requirements for graduation from the University Honors Program.

Director of Honors Program	Date
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Faculty Advisor Copy \_\_\_\_\_ Student Copy \_\_\_\_\_