

## 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> ____
<b>HON 200/201/301</b>		<b>HON 200/201/301</b>	
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

<i>Fall Semester</i>	<i>Year</i> ____	<i>Spring Semester</i>	<i>Year</i> ____
<b>HON 200/201/301</b>		<b>HON 200/201/301</b>	
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

_____	_____
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
Faculty Advisor Copy _____	Student Copy _____