

# HONORS COLLEGE

## COURSE CONTRACT CANCELLATION FORM

**Instructions:** Complete and submit to the Honors Office AB IV Room 201 if you cancel a contract.

For questions, contact us at 936-294-1477 or honors@shsu.edu.

**Please note that cancelling contracts may result in Status 2 with Honors.**

Please print legibly.

### Student Information:

Name: \_\_\_\_\_ SAM ID: \_\_\_\_\_

SHSU Email: \_\_\_\_\_ Semester:  Fall  Spring 20\_\_\_\_

### Course Information:

Subject/Course (EX: POLS 2301): \_\_\_\_\_ Section: \_\_\_\_\_

Course Title: \_\_\_\_\_

Instructor Name: \_\_\_\_\_ E-mail: \_\_\_\_\_ Department: \_\_\_\_\_

### Student Cancellation Information:

Please describe in detail the reason for cancelling your contract:

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Are you completing any other honors contracts/courses this semester? If so, please list them:

Subject/Course (EX: POLS 2301): \_\_\_\_\_ Section: \_\_\_\_\_

Course Title: \_\_\_\_\_

Subject/Course (EX: POLS 2301): \_\_\_\_\_ Section: \_\_\_\_\_

Course Title: \_\_\_\_\_

### Instructor Comments:

Please add any comments or concerns you have about this cancelled contract:

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Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Instructor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Department:

Does an appointment need to be scheduled with the student? Yes No

Notes: \_\_\_\_\_

Honors College Dean Signature: \_\_\_\_\_ Date: \_\_\_\_\_