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:		
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	r cancelling your contrac	xt:
Are you completing any other honors co	ontracts/courses this se	emester? If so, p <mark>leas</mark> e list th <mark>em:</mark>
Subject/Course (EX: POLS 2301):		Section:
Course Title:		
Subject/Course (EX: POLS 2301):		
Course Title:		
nstructor Comments:		
Please add any comments or concerns	s vou have about this car	ncelled contract:
Student Signature:		Date:
Instructor Signatura		Data
Instructor Signature:		Date:
		Date:
Instructor Signature: Department:		Date:
Department:		