

GEORGIA HIGHLANDS COLLEGE
Honors Option Final Report

Please complete this form & return the original by the FOURTEENTH WEEK OF THE SEMESTER to:

[Redacted]
Director, Honors Program
Georgia Highlands College, Floyd (F-145)
Honors@highlands.edu

Student Name: [Redacted]

Student ID: [Redacted]

Sponsoring Faculty Member Name: [Redacted]

Sponsoring Faculty Email: [Redacted]

Indicate the course NAME and CRN to which Honors credit may apply:

[Redacted]

Please indicate in detail how the conditions of the Honors Contract were or were not met. Attach additional pages as needed.

Do you believe this project meets the standards of the honors option contract as described in the guidelines?

[Redacted]

Professor's signature _____ [Redacted]

Date _____ [Redacted]