HONORS COMMUNITY

Cancellation of DSH Course Contract DSH Program: Choose an item.

Part I: To be completed by the student and the instructor

Name of student:  Click here to enter text. _  
Student ID:  Click here to enter text. _

Course - Prefix/No.: Click here to enter text. _  
Course Title: Click here to enter text. _

Credit Hrs:  Choose an item. 
Term:  Choose an item.  
Year:  Choose an item. 

Reasons for cancellation (check if attaching addenda □):
_ The information in this box can be overtyped by the user. Rationale for cancellation should include candid observations and assessments from the faculty member, student, and DSH department.

By signing below we affirm that we have agreed to cancellation of the previously contracted Honors course indicated above.

X ________________________________ Date: ___________________
Signature of student

X ________________________________ Date: ___________________
Signature of contract course instructor

Part II: To be completed by the applicable DSH Department

Overall GPA: __________

Discipline GPA: __________

X ________________________________ Date: ___________________
Signature of DSH department chair or designee

Part III: To be completed by a director of the Honors Community

X ________________________________ Date: ___________________
Signature of a director of the Honors Community

Instructions: The Honors Community office shall copy and forward this completed cancellation form to the 1) Registrar and 2) originating department or school. The original shall be filed in the office of the Honors Community. Pursuant to cancellation, official decisions about changes to student transcript will be made by the Registrar office.

Revised July 2013
Registrar Office: Student Record Updated:  By: __________________________ Date: __________________