

**HONORS COURSE OPTION EVALUATION**  
**Due Monday of the Last Full Week of Class**

**Student Portion of Evaluation:**

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date: \_\_\_\_\_

Course Prefix, Number, and Title: \_\_\_\_\_

Semester (Fall/Spring) and Year: \_\_\_\_\_

**Instructor Portion of Evaluation:**

Name: \_\_\_\_\_

Title of the Project: \_\_\_\_\_

Evaluation of the Project: Comment on the degree to which the project met the goals and criteria specified in the proposal. If needed, list additional work or changes.

Instructor Recommendation:

- \_\_\_\_\_ Award Honors Credit
- \_\_\_\_\_ Award Honors Credit with Changes Listed Above
- \_\_\_\_\_ Do Not Award Honors Credit

**Instructor Signature:** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_

\_\_\_\_\_  
Coordinator Comments:

Coordinator Signature/Date: