HONORS CREDIT LEARNING AGREEMENT (HCLA) FORM

USE BALLPOINT PEN TO PRINT:

YOUR STUDENT UIN: _____

LAST:_____FIRST:_____MIDDLE: _____

COLLEGE: School of Information Sciences

CURRICULUM (MAJOR):

1. **I elect, based on #2 below to take the following course for Honors Credit:**

COURSE REFERENCE NUMBER CRN: _____

COURSE TITLE: _____

COURSE NUMBER:_____ COURSE SECTION:_____

CREDIT (# OF HOURS): _____

EFFECTIVE FOR:

THE YEAR: _____ CHECK ONE: ____FALL SEMESTER ____ SPRING SEMESTER

2. **As agreed with my instructor, I elect to undertake the following special work to gain Honors Credit:**

_____

_____

_____

I understand that I cannot take this course for both a Credit/No Credit grade as well as for Honors credit, and that if I do not complete the special work described in #2 above to the satisfaction of the instructor, I will receive regular credit only for the course. Also, I understand that I must earn a grade of B- or higher in my regular class work and fully complete the work in the term this agreement originated to be awarded Honors Credit for this course.

STUDENT'S SIGNATURE: _____ DATE REQUESTED: _____

_____   _____ _____

INSTRUCTOR'S NAME (Please print)   INSTUCTOR'S DEPARTMENT   INSTRUCTOR'S NETID

_____

INSTRUCTOR'S SIGNATURE OF APPROVAL

_____

DATE RECEIVED BY COLLEGE

STUDENT AND INSTRUCTOR SHOULD RETAIN A COPY FOR THEIR RESPECTIVE RECORDS.
THE STUDENT MUST UPLOAD THE HCLA FORM TO THE iSchool JAMES SCHOLAR HONORS PLAN

Rev. 9/15/2021