

Verrazzano Honors Contract

718-982-4219 or 718-982-4171 Email cheryl.craddock@csi.cuny.edu 1A-304

Student Information

ast Name:	First Name:
Email address:	Phone #:
Class Year:	
Type of Proposal (select one):	
Honors Contract for regular course Course Number and Title: You must attach a copy of the course	e syllabus
Independent Study Project Course Number: # of Credits	
enrichment activities proposed must be <i>in additi</i> also understand that I must satisfactorily comple	be approved by the Verrazzano Director and that any ion to projects and activities already assigned for the course. I te the terms of the contract by December 1st (fall contracts) or nd that final approval of my completed Honors Contract will of my project.
Student Signature	 Date
Faculty Mentor Information	
Faculty Name:	Faculty Department:
Faculty email:	Faculty Telephone:
The student named above will meet with me in penrichment activities/independent study project	person at least times during the semester to discuss the .
The length of the paper (if applicable) will be	pages. Alternate deliverables:
Faculty Signature	



Proposal statement (250-500 words). In the case of the course enrichment, be specific about what you will produce to turn in to Verrazzano for course credit (i.e., deliverables).