Mount Wachusett Community College

REQUEST TO CANCEL HONORS CONTRACT

This form must be completed and signed by both the student and the instructor during the semester in which the honors contact is undertaken. Return to Honors Coordinator, Sheila Murphy, room 365, Gardner Campus

Student's Name: Last First MI College ID #

E-Mail Address Phone # Semester

TO BE COMPLETED BY THE STUDENT

Request of cancel Honors Contract for:

Course:_____
Division: _____
Instructor: _____

Why do you want to cancel the contract?

Student's Signature Date:

TO BE COMPLETED BY THE INSTRUCTOR

Do you object to the requested Honors Contract Cancellation? ___ __No ____ Yes

Comments:

Instructor's Signature Date:

Smm 2-2012