



The College of New Jersey Honors Program Honors Project Completion Form

To be submitted to the Honors Program by the instructor at the end of the project.

1. Student and Project Information

Student Name: _____ ID# _____

Project Title: _____

Affiliated Course #: _____

Academic term: Fall / Spring / Maymester / Summer I / Summer II / Winter

Year: _____

2. Mentor Assessment and Certification

Did the student named above satisfactorily complete the terms the Honors Project?

Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Student grade for affiliated course: _____

Comments:

Instructor Name: _____ Department: _____

E-mail address: _____ Phone: _____

INSTRUCTOR SIGNATURE		Date:
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HONORS PROGRAM COORDINATOR SIGNATURE		Date:
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The instructor confirms that the student has completed the Honors Project as indicated on the original proposal and has met the requirements for Honors credit.