

Academic Affairs Cooper Hall, Suite 1100 701 Highland Avenue Madison, Wisconsin 53705 Front Desk 608-263-5202 Fax 608-263-5296

N682 Contract

Instructions:

STUDENT INFORMATION

- Type Information (you will need the Free Adobe Acrobat Reader version 5.0 or higher to type your information into the fields)
- The completed form and progress report must be submitted to the Academic Affairs Office, Suite 1100, by the last day of the semester in which you were enrolled in N681.
- Attach appropriate documentation.
- Include Name and Campus ID on all attachments.

Campus ID	Student Name			Classification
COURSE INFORMATION				
Indicate the semester/year you plan to take N682 Fall 20 Spring 20 Summer 20 (indicate session in next box)			If taking N682 during Summer Session, please indicate what session: 8-week 11-week	
Summer ²⁰ — Name of Faculty Mentor	(maioato o	Title of Honors Project	Other (indicate dates):	
Please provide your progress report on the next page. Your progress report should be prepared with guidance from your mentor. It should address the following questions:				
1. What activities do you need to complete in order to finish your honors project?				
2. Has there been any change in your honors project plan? If so, what change and why was it required?				
3. Where do you plan to present or share your honors project (e.g., Annual Nursing Poster Fair, Undergraduate Research Symposium)?				
Signature of Faculty Mentor Date:				
Signature of Student	:		D	ate:

Please provide your progress report for your Honors project below. Thank you!