

SCHC Honors Option Faculty/Student Contract

This form must be completed by the faculty member and NOT the student. Upon completion, the STUDENT should upload this form on the [H-Option Proposal Submission](#) page.

This form is a fillable form that you can save to your computer and enter the information.

By committing to serve as the faculty of record for this H-Option, you agree to:

Provide additional coursework that is distinguished in a substantive way from what usually would be expected in the normal, non-Honors, course. Simply assigning a greater quantity of work (for example, a longer term paper or extra reading) does not constitute H-Option work. Instead, H-Option work allows the student to engage more deeply with the subject matter and the professor.

Communicate and meet with the student regarding H-Option coursework and to establish shared expectations and an appropriate timeline for completion of H-Option work.

Inform the Honors College that the H-Option work has successfully been completed (At the end of the semester, the Honors College will send an email with a link to an online form where you can submit this information).

Complete ONLY if course is 500+ level:

For students completing an H-Option in 500+ level course, students should complete the graduate-level requirements for the course to satisfy H-option requirements. (*Graduate-level requirements should be clearly outlined in the course syllabus, per UofSC policy, and the student should provide a copy of the syllabus with the H-option application.*)

By committing to serve as the faculty of record for an H-Option in a 500+ level course, you agree to:

Work with the student to complete graduate-level requirements for the course to satisfy H-option requirements. These requirements are outlined in the course syllabus.

Describe the H-Option work that will be completed by the student and how this work differs from the work regularly pursued in the course.

How will successful completion of the H-Option be determined?

SCHC Student First Name:

Last Name:

H-Option Faculty of Record First Name:

Last Name:

H-Option Faculty of Record Email:

Campus Position:

Tenure or tenure-track faculty

Clinical faculty

Full-time instructor/lecturer

I am in agreement that I am in a full time teaching role at the university

H-Option Faculty of record signature and date:

Signature

Date

Questions should be directed to SCHC Student Services at register@schc.sc.edu.