Cabrillo College Honors Transfer Program
SUPPLEMENTAL AGREEMENT
Fall, 2020 or Spring, 2021

Semester: ________________

Student’s Name: ___________________________ Student ID#: ___________________________
E-mail address: _____________________________
Telephone number: ____________________________

Course From LIST A which this Supplemental Agreement will augment: ________________________________

Instructor: _____________________________
Section: _____________________________

Supplemental Agreement project description and requirements (e.g., research paper, laboratory work, readings and
demonstrations, portfolio, etc.) beyond standard course requirements: THIS MUST BE FILLED IN WITH ALL DETAILS!

________________________
________________________
________________________

To be filled out by the Student:
1. Number of units completed to date: __________________________
2. Final semester at Cabrillo will be: __________________________
3. Honors courses completed to date (list): __________________________

Student:
I have read the Guidelines for Supplemental Agreements and I agree to the terms of this agreement.

Student signature: ___________________________ Date: ___________________________

Print name: ___________________________

Professor:
I have read the Guidelines for Supplemental Agreements, and I agree to direct this agreement with the student during
_______________ semester, 20__.

Professor’s signature ___________________________ Date: ___________________________

Print name: ___________________________

Honors Program:
Honors Program approval: ___________________________ Date: ___________________________

Student submits signed agreements to the Articulation and Honors Program email – honors@cabrillo.edu, by the end of the 6th week of the semester covered by the contract. Please keep a copy for your records.

Thanks to Katharine E. Harer of Skyline College for the template for this contract. REV. 8-31-20