LEARNING CONTRACT

Student’s Name: _______________________________  ID# ________________

MAJOR ___________________  GRADING SYSTEM  □ Letter Grade  □ CR/NC

TYPE OF LEARNING CONTRACT:

□ Guided Reading  □ Directed Research  □ Independent Study  □ Other ______________

Instructor’s Name _______________________________________________________________

Course Number _______________  Sem. Hrs ________  Semester Enrolled _______________

Course Title ___________________________________________________________________

□ Include on transcript  □ Do not include this on transcript

Abbreviated title _______________________________________________________________

(Limit to 25 characters for inclusion on transcript)

Course Description:

Methodology:

Signature ___________________________________________  Date ______________

Student

Signature ___________________________________________  Date ______________

Advisor

Signature ___________________________________________  Date ______________

Instructor

Signature ___________________________________________  Date ______________

Department Chair

This contract is valid only when the student files the completed white copy in the Office of the Registrar no later than the last day of registration.

If the semester hours included in this contract cause the student’s total academic load for this semester to exceed 18 hours, approval for an overload is required using the ADD/DROP form.

Distribution:  Office of the Registrar (White)  Student (Yellow)  Instructor (Pink)