

LEARNING CONTRACT

Student's Name: _____ ID# _____

Major: _____ Semester Enrolled: _____

THIS SECTION TO BE COMPLETED BY INSTRUCTOR (Must be Full-Time Faculty)

Learning Contract for:

☐ Independent Study ☐ Directed Research ☐ Guided Reading ☐ Teaching

Instructor's Name: _____

Course Number (EX: ANTH399): _____ Credit Hours: _____

Course Title: _____

☐ Include on transcript

☐ Do not include on transcript

Abbreviated Title: _____ (25-character limit for transcript)

Course Description:

Course Plan (include description of final project or presentation):

GRADING: ☐ Letter Grade ☐ Credit/No-Credit

Student Signature: _____ Date: _____

Advisor Signature: _____ Date: _____

☐ Overload approved

Instructor Signature: _____ Date: _____

Department Chair Signature: _____ Date: _____

REMEMBER: For each credit earned approximately 40 hours of work are expected. This contract is valid only when the student files the completed copy in the Office of the Registrar no later than the last day of registration. If a student's total semester hours exceed 19 hours for the semester, approval for an overload is required using the ADD/DROP form.

Revised: Spring 2016