

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.