INDIVIDUAL LEARNING CONTRACT

TO BE COMPLETED BY STUDENT BEFORE REGISTERING FOR INDIVIDUALIZED COURSE EXPERIENCES SUCH AS READINGS AND RESEARCH, INDEPENDENT STUDY, PRACTICUM, THESIS OR DISSERTATION WRITING, FIELD WORK, ETC. IF EXTRA SPACE IS NEEDED SUPPLY ATTACHMENTS.

NAME ______________________________ DEPARTMENT ___________________________ 
ADDRESS __________________________________________________ SS# ______________ 
TELEPHONE ____________________________ HRS. ______ 
COURSE NO. & TITLE ____________________________ SEMESTER ________________ 
INSTRUCTOR CAMPUS BOX ________

Please describe (A) the nature of your project or field placement and (B) the nature of your specific responsibilities.

Outline your particular learning objectives for the contract, and indicate how the experience will allow you to accomplish these objectives.

List the criteria which will be used for evaluation and grading (such as papers, reading lists, field supervisor evaluations, etc., attach additional documents if necessary).

Specify the arrangements and frequency of meetings with the instructor and indicate whether the meetings will be on campus or in the field.

_________________________________________ 
Student’s Signature Date 

_________________________________________ 
Instructor’s Signature 

_________________________________________ 
Department Chair Date 

THIS FORM IS TO BE RETURNED BEFORE THE END OF THE DROP/ADD PERIOD. 
DISTRIBUTE COPIES TO: RECORDS OFFICE (WHITE), INSTRUCTOR (YELLOW), 
STUDENT (PINK).