Learning Contract
To be used for HDFS Independent Study experiences

Student's Name: _____
Last First

Major/Year: _____

Instructor: _____

Term: _____ Year: _____ Credit Hours: _____

Course Number: _____

Course title: _____

1. Learning Objectives (Measureable outcomes during and/or at completion of this course):

2. Learning Activities (Describe what student will do to meet these objectives):

3. Assessment (How the student's work will be assessed to arrive at a grade for this course):

4. Schedule of meetings with instructor and/or research group:

I understand and agree to meet the requirements of this independent study course.

Signatures:

_____ _____
Student Date Instructor Date

Copies of the completed form with signatures to: 1) Student 2) Instructor 3) Schedule deputy