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