**COURSE CORRESPONDENT LEARNING CONTRACT**

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| **Department or Curriculum Name:** | |  | |
| **Course #: IDST 296 Credit hours: 1** | | | |
| **List prerequisites (if applicable):** |  | | **(or equivalent)** |

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| **Section to be completed by Student** | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| **APPLICANT INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Student Applicant’s Name: | | | | | | |  | | | | | | | | | | | | | | Student PID: | | | |  | | | | | |
| Email: | |  | | | | | | | | | | | Phone # (including area code) | | | | | | | | | | |  | | | | | | |
| Date of Application: | | | |  | | | | | | | | | | | | | | Credit Hours Sought | | | | | | | | **1** | | | | |
| Major: |  | | | | | | | | | | | Minor: | | | | |  | | | | | | | | | | | | | |
| Class (mark one) : | | | | | | | |  | | Senior | | | |  | | Junior | | | |  | | | Sophomore | | | |  | | First Year | |
| Semester Requested: (mark one) | | | | | | | |  | | Fall | | | |  | | Spring | | | |  | | | Summer I | | | |  | | Summer II | |
|  | | | | | | | | Year: | | |  | | | | | | | | | | | | | | | | | | | |
| Current GPA: | | | Cumulative | | |  | | | | | | Major | | | | | | |  | | | | | | | | | | | |
| Prerequisite(s) Fulfilled: | | | | | Course # | | | |  | | | | | | Semester/Year | | | | | | |  | | | | | | Grade | |  |

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| **Section to be completed by Student and Faculty** | | | | | |  | |
| **INFORMATION ABOUT INSTRUCTOR** | | | | | | | |
| Name: |  | | | | | Email: |  |
| Department: | | |  | | | | |
| Course/ section using course correspondent: | | | | |  | | |
| Note: Faculty members are restricted to no more than two course correspondents per semester. | | | | | | | |
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| **COURSE REQUIREMENTS**  This is considered a contract between the instructor and the student. Deviations from this contract should be updated and documented to the extent possible by the instructor and student. | | | | | | | |
| **a) Meeting requirements with the instructor (e.g., individual meetings, lab meetings, etc.)**: | | | | | | | |
| **b) Assignments (and due dates, if relevant)**: | | | | | | | |
| **c) Final project**: | | | | | | | |
| **d) Assessment (e.g., % of course grade based on each requirement) including final examination (or alternate format)**: | | | | | | | |
| **e) Additional information/comments not previously addressed**: | | | | | | | |
| Mark here: | |  | | I am attaching a syllabus containing ALL these required elements. | | | |

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| **Student, Faculty and Administrative Signatures** | | |  | | |
| **INSTRUCTOR OF RECORD AND STUDENT RESPONSIBILITIES** | | | | | |
| I have read the requirements expected of the instructor, agree to undertake these responsibilities, and will abide by the Honor Code’s responsibilities of faculty. | | | | | |
| Instructor | |  | | Date |  |
| I have read the requirements expected of the student, agree to undertake these responsibilities, and will abide by the Honor Code’s responsibilities of students. | | | | | |
| Student | |  | | Date |  |
|  | | | | | |
| **\*\* CHAIR, DIRECTOR OF UNDERGRADUATE STUDIES, OR \* INDEPENDENT STUDY COORDINATOR (whichever is applicable)** | | | | | |
| This Course Correspondent Learning Contract has been reviewed. The proposal is | | | | | |
|  | APPROVED AS IS | | | | |
|  | REQUIRES MORE INFORMATION (provide details and return to instructor and student) | | | | |
|  | NOT APPROVED (provide rationale) | | | | |
| Chair/ Director of Undergraduate Studies /Faculty Designee/ SAD | |  | | Date |  |
| **\*\*** If the Chair is the student’s independent study instructor, this form must be signed by the Chair’s Senior Associate Dean (SAD).  **\*** If the Independent Study Coordinator is not the Department/Curriculum Chair, the Director of Undergraduate Studies (DUS), or another Faculty Designee of the Chair, then the Chair or the DUS must approve this contract. | | | | | |
| Note: Departments/Curricula must maintain copies of this contract for a minimum of two years. | | | | | |