**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 |  |
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| **\*\* 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. |