

Student/Faculty Contract

UNIVERSITY OF MINNESOTA ♦ College of Liberal Arts

Contract for:

- ▶ Directed Study/Research
- ▶ Directed Instruction
- ▶ "EXC" Registration
- ▶ "IND" Registration

Copies:

- ▶ White: department
- ▶ Yellow: Faculty Evaluator
- ▶ **Pink: Student brings to 49 Johnston**
- ▶ Gold: Student

* Please type

▶ STUDENT INFO

Student's Name _____ I.D. No. _____

Major _____ College _____ Fr So Jr Sr Grad Adult Special

▶ DEPARTMENT INFO

Faculty Evaluator (Name & Title) _____

Department _____ Course No. _____

Semester _____ Year _____ Check One: Directed Study/Research Directed Instruction

EXC Registration (formerly X registration) IND Registration (formerly Y registration)

No. of Credits _____ Grading (check one) A/F S/N

▶ COURSE INFO

Project Title (your own): _____

Learning Objectives:

Methods and Resources to be used (e.g. books, articles, workshops):

Check if applicable: Internship/Field Learning Study Abroad

Results to be evaluated (e.g. written paper, artwork, presentation):

▶ SIGNATURES

Approved – Faculty Evaluator's Signature

Date

Approved – Dept. Signature

Date

Student's Signature

Date

Date the Study will be complete