STUDENT/FACULTY CONTRACT

COLLEGE OF LIBERAL ARTS
UNIVERSITY OF MINNESOTA

STUDENT INFO

Student’s Name __________________________ I.D. Number __________________________
Major __________________________ College __________________________
Fr □ So □ Jr □ Sr □ Grad □ Adult Special

DEPT. INFO

Faculty Evaluator (Name, Title) ____________________________________________________
Department __________________________ Course No. __________________________
Semester _____________ Year _____________ Check One: □ Directed Study/Research □ EXC Registration
□ Directed Instruction □ IND 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 __________________________

Check to be sure all copies are legible.

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