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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