**FACULTY STUDENT RESEARCH PROGRAM**

**LEARNING CONTRACT**

Complete Parts I, II, and III and return a COPY to the Registrar's Office, St.Thomas 301 and to Eloise Libassi, Office of Research and Sponsored Programs, IMBM 202.

Faculty members should keep the ORIGINAL learning contract for their records.

I  BACKGROUND INFORMATION  (To be completed by student.)

<table>
<thead>
<tr>
<th>Name</th>
<th>Student I.D. Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Local Address: ______________________________________________________________
(Give Box Number For Dorms)

<table>
<thead>
<tr>
<th>City</th>
<th>Zip</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Contract Term/Year __________________________________ Student Major: ____________________________
(Fall, Intersession, Spring or Summer)

II  SIGNATURES

The undersigned agree to the research work as described on the reverse of this form:

<table>
<thead>
<tr>
<th>STUDENT</th>
<th>FACULTY MEMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Print Name</td>
<td>Print Name</td>
</tr>
<tr>
<td>Signature/Date</td>
<td>Signature/Date</td>
</tr>
</tbody>
</table>

Faculty I.D. Number __________________
Department __________________________

FSRP Course Code will be the same as the Faculty member’s department.

**PLEASE NOTE**

A SEPARATE LEARNING CONTRACT MUST BE COMPLETED FOR EACH TERM IN WHICH YOU WISH TO PARTICIPATE IN THE FSRP
III RESEARCH PLAN (To be completed by student and faculty member.)

Briefly describe the research project:

Describe actual tasks to be undertaken in connection with this research project:

Days and hours student plans to work (student should plan to devote 60 - 90 hours per term to the FSRP):

IV EVALUATION (To be completed at end of semester/term.)

Student evaluation of research experience:

Faculty assessment of student performance:

V FINAL VERIFICATION (To be completed by the faculty member at the end of the contract period.)

Did the student fulfill the learning contract?  
Yes  No

Faculty Signature  Date

PLEASE RETURN A COPY OF CONTRACT TO THE REGISTRAR'S OFFICE - ST. THOMAS 301 AND TO ELOISE LIBASSI, OFFICE OF RESEARCH AND SPONSORED PROGRAMS – IMBM 202

FACULTY MEMBERS SHOULD KEEP THE ORIGINAL FOR THEIR RECORDS