

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 *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.)

Name _____ Student I.D. Number _____
Local Address: _____ (Give Box Number For Dorms)
City: _____ Zip: _____ Phone: _____
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:	
<u>STUDENT</u>	<u>FACULTY MEMBER</u>
Print Name _____	Print Name _____
Signature/Date _____	Signature/Date _____
	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 FACULTY/STUDENT RESEARCH PROGRAM.**

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

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AND ELOISE LIBASSI, OFFICE OF RESEARCH AND SPONSORED PROGRAMS – IMBM 202**

FACULTY MEMBERS SHOULD KEEP THE *ORIGINAL* FOR THEIR RECORDS