FACULTY STUDENT RESEARCH PROGRAM

LEARNING CONTRACT

Complete Parts I, II and III and return a COPY to the Registrar’s Office (STT 301). Faculty member should keep the ORIGINAL Learning Contract for their records.

I. BACKGROUND INFORMATION (to be completed by the student)

NAME: [Click here to enter text.]

ROYAL NUMBER: [Click here to enter text.]

LOCAL ADDRESS: [Click here to enter text.]

(Indicate University Box Number for Dorm Addresses)

CITY: [Click here to enter text.]

ZIP: [Click here to enter text.]

PHONE: [Click here to enter text.]

CONTRACT TERM: [Choose an item.]

YEAR: [Click here to enter text.]

(Indicate Fall, Intersession, Spring or Summer)

STUDENT MAJOR: [Click here to enter text.]

II. SIGNATURES

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

STUDENT

FACULTY MEMBER

Print Name: [Click here to enter text.]

Print Name: [Click here to enter text.]

Signature: ____________________________

Signature: ____________________________

Date: [Click here to enter a date.]

Date: [Click here to enter a date.]

Faculty Royal Number: [Click here to enter text.]

Department: [Click here to enter text.]

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 (FSRP)
III. RESEARCH PLAN (to be completed by student and faculty member)

Briefly describe the Research Project: Click here to enter text.

Describe actual tasks to be undertaken in connection with this Research Project: Click here to enter text.

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

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

Student evaluation of Research Experience: Click here to enter text.

Faculty Assessment of Student performance: Click here to enter text.

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: Click here to enter a date.

PLEASE RETURN A COPY OF CONTRACT TO THE REGISTRAR’S OFFICE (ST. THOMAS 301)

FACULTY MEMBERS SHOULD KEEP THE ORIGINAL FOR THEIR RECORDS