

FACULTY STUDENT RESEARCH PROGRAM

LEARNING CONTRACT

Complete Parts I, II and III and return a COPY to the Registrar's Office (O'Hara Hall 1st floor). Faculty member should keep the ORIGINAL Learning Contract for their records.

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

NAME:	ROYAL NUMBER:		
LOCAL ADDRESS:	(Indicate University Box Number for Dorm Addresses)		
CITY:	STATE:	ZIP:	PHONE:
CONTRACT TERM:	YEAR:		
<i>(Indicate Fall, Intersession, Spring or Summer)</i>			
STUDENT MAJOR:			

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: _____	Signature: _____
Date:	Date:
	Faculty Royal 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 (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 20-50 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 (O'Hara Hall 1st floor) FACULTY MEMBERS SHOULD KEEP THE **ORIGINAL** FOR THEIR RECORDS