FACULTY STUDENT RESEARCH PROGRAM
LEARNING CONTRACT

Complete Parts I, II and III and return a COPY to the Registrar’s Office (O’Hara Hall 2nd 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: ____________________________
(Indicate Fall, Intersession, Spring or Summer)

STUDENT MAJOR: ____________________________

II. SIGNATURES

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

STUDENT

Print Name: ____________________________  Signature: ____________________________
Date: ____________________________  Faculty Royal Number: ____________________________

FACULTY MEMBER

Print Name: ____________________________  Signature: ____________________________
Date: ____________________________  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 2nd Floor).

FACULTY MEMBERS SHOULD KEEP THE ORIGINAL FOR THEIR RECORDS.