

Appendix D: Learning Contract

Learning Agreement

Date: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Student Phone Number: _____ Student Email: _____

Course: _____ Semester/Term: _____

Instructor: _____ Department: _____

Instructor Phone Number: _____ Instructor Email: _____

Learning Goals:

Student will be complete the following tasks or meet the following performance goals:

1. _____
2. _____
3. _____
4. _____
5. _____

Instructor Signature: _____

Date: _____

Student Signature: _____

Date: _____

Program Coordinator Signature: _____

Date: _____