

SPECIAL TOPICS CONTRACT

COURSE NUMBER _____

Name _____ Instructor _____

SS# _____ Phone # _____

E-mail Address _____

Describe the project below or on an attached page. Include the Following:

1. meeting time
2. schedule of topics to be covered
3. schedule of due dates for reports, homework etc.
4. testing schedule

The description will be the learning contract for the course and must be completed and approved no later than the 12th class day

Student _____

Instructor _____

Program Coordinator _____