

ATI LEARNING CONTRACT

(Independent Study Course)

- A. **Definition:** A learning contract is an integral component of an instructive and productive independent study project/course. This contract is a general statement of purpose with a list of objectives and activities that the student intends to achieve plus the specific evaluation technique(s). Each student involved in an independent project is to write a learning contract before beginning the course. It provides the structure and focus for the activity even though the objectives can be modified as the individual project progresses. **A copy of the learning contract must be forwarded to the Division Chairperson for approval in order for the student to enroll for credit.**

Deadline: At time of registration

- B. **Evaluation Techniques:** Two or more activities, (some suggestions follow) should be selected and incorporated in the learning contract.
1. **Journal:** This should be a record as well as an analytical log of activities. It can then be evaluated on the basis of its depth and the understanding demonstrated, i.e., the variety of problems encountered, how they were handled and why.
 2. **Required Reading:** The course advisor can be helpful in suggesting a reading list that will supplement the work activities, which would include magazines, journals, and texts. Reactions to these reading can then be included in the journal or final paper.
 3. **Final Paper:** This paper is used to describe the activity in which the student has been involved. There should also be some reflection by the student on the skills developed as well as on the competencies needed for future success in such an operation. This is a good opportunity for the student to synthesize the activities of the independent study project with the original objectives and readings.
 4. **Research Report:** This is a report of an in-depth study of an area of particular interest to the student.
 5. **Exercises:** These would be designed to fit the individual such as building and equipment layouts, slide presentations, construction of models and displays, or development of production/marketing graphics.
 6. **Employer Evaluation:** Input from the employer about the student's work performance can be helpful in the overall evaluation if the independent study includes a work internship.
 7. **Seminars:** If there are several students participating in a special class or project simultaneously, group meetings can be helpful and valuable in sharing reactions and ideas.
 8. **Self-Assessment:** The student should share with the faculty advisor his/her own evaluation of his/her performance as well as any changes in career and academic goals that may have resulted from the independent study activity.

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Name: _____ Date: _____

Course Title/Number: _____ / _____ Credits: _____ Term: _____

This course is to be applied toward degree credit as follows:

_____ Elective _____ Substitution (Attached form must be completed)

Course Instructor: _____ Completion Date: _____

Project Title and Description:

Objectives:

Activities:

Evaluation Techniques and Percent of Grade:

Student Signature: _____ Date: _____

Course Instructor Signature: _____ Date: _____

Division Chair Signature: _____ Date: _____



Course Enrollment Permission Form

Student Information

Ohio State ID	Last Name	First Name	Middle Name/Initial	Suffix
Ohio State name.#	Term	College	Student's Signature	Date

Course Information

Term	Year	College	Department	Course Number	Credit Hours	Class Number
Instructor's Name		Co-requisite Class Number				

Action

- Waive Prerequisite Requirements
- Enter a Course Requiring Permission
- Schedule the Class with a Time Conflict
(Both Instructors' Signatures Required)
- Override the Limit and Enter a Full Section
(If this action will exceed the room limit, this form will not be processed)

Instructor's Signature	Date	Instructor's Printed Name and OSU ID
Instructor's Signature (Second for Time Conflict)	Date	Instructor's Printed Name and OSU ID (Second for Time Conflict)

- Add the Course
- Audit the Course [First Date of Attendance: _____]

Instructor's Signature <i>After the 1st Friday of the Semester</i>	Date	Instructor's Printed Name and OSU ID
Department Chairperson/Designee's Signature <i>After the 2nd Friday of the Semester</i>	Date	Department Chairperson/Designee's Printed Name
Advisor's Signature	Date	Advisor's Printed Name
Dean/Director/Designee's Signature	Date	Dean/Director/Designee's Printed Name

- Repeat the Course for Audit
- Repeat the Course for a Grade
- Pass/Non-pass Options (undergraduates only)
- "U" Option
- Raise Total Registration Maximum to _____ Credits.
- Drop the Course [Last Date of Attendance: _____]

Instructor's Signature	Date	Instructor's Printed Name and OSU ID
Advisor's Signature	Date	Advisor's Printed Name
Dean/Director/Designee's Signature	Date	Dean/Director/Designee's Printed Name

Special Processing

Notes	Initials	Date
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To return this form:

Take this form to your college office for appropriate action. For a complete list of Colleges and Schools visit: osu.edu/academics/a-z.html.

PETITION TO SUBSTITUTE REQUIRED COURSE

Name: _____ OSU ID Number: _____

Mailing Address: _____ City, State, Zip: _____

Major _____ Specialization (if applicable): _____

2nd Major: (if applicable) _____ Specialization (if applicable): _____

When requesting a change or substitution of requirements in your major, first confer with your faculty advisor. If your faculty advisor believes the change is academically necessary or advisable, this form should be filled out and left with your advisor for action. Your advisor will then send the form to the Division Chairperson, who will forward it to the Office of Academic Affairs.

_____ **for** _____
Substitution/New Course (i.e. Bus Tec 2240T) Cr Hrs Required/Old Course (i.e. Bus Tec 2241T) Cr Hrs

_____ _____
Substitution/New Course Title Required/Old Course Title

academic reason(s)/justification for the request/substitution:

Student Signature: _____ **Date:** _____

____ Approved ____ Disapproved _____
Faculty Advisor Signature Date

____ Approved ____ Disapproved _____
Program Coordinator Signature Date

____ Approved ____ Disapproved _____
Division Chairperson Signature Date

____ Approved ____ Disapproved _____
Assistant Director for Academic Affairs Date

If disapproved please give reason/justification: _____

Entered DARS (Degree Audit Reporting System) Date: _____ Initials: _____
Data Entry

cc: Advisor
Student File