

SAINT MARY'S COLLEGE

Office of the Registrar Learning Contract

Instructions: Complete all information requested on this form, including signatures and return to the Registrar by the end of the add period (the 7th class day of the semester).

Last/First Name _____ SMC ID # _____ Semester: _____

Major(s) _____ Minor (s) _____

1. Enter previous or concurrent credit for non-traditional learning:

	<i>Hours</i>	<i>Department/Course #</i>	<i>Semester</i>
Independent Study (6 hrs max in one department, 9 hrs total)	_____	_____	_____
Internship/Practicum (6 hrs max)	_____	_____	_____
SMC Summer Travel program	_____	_____	_____
TOTAL (may not exceed 18)	_____		

2. Choose One:

- ☐ Independent Study: **Title for transcript: IS:** _____ (max length)
- ☐ Internship: **Title for transcript: Intern:** _____ (max length)
- ☐ Independent Research: **Title for transcript: IR** _____ (max length)

3. Faculty Supervisor: _____ Department _____

4. Course Dept/# (e.g., Bio 397) _____ CRN: _____ Credit Hours: _____
☐ Already registered _____ ☐ Will add _____

5. **Credit:** Include a brief justification for amount of credit: for internships and independent study approximately 3 hours per week per credit for 15 weeks.

6. **Nature of the Project:** For **internship** include sponsoring organization, supervisor and nature of work. For **independent study** include tentative bibliography, outline of proposed project, etc. Attach a separate page if necessary.

7. **LO2 or L03 Sophia Certification (if desired)** Include a brief justification for inclusion as a Sophia Program Credit. For each specific certification being sought (please see list on the next page), provide a description of the activity and the assessment that indicates the achievement of the learning outcomes. For academic experiential learning, be sure to include the number of hours (at least 15) that will be spent on-site (off-campus).

8. **Evaluation criteria and procedures:**

Approvals:

Student signature _____ **Date:** _____

Faculty supervisor _____ **Date:** _____

Department Chair _____ **Date:** _____

Sophia Curriculum Committee Chair (if applicable) _____ **Date:** _____

Course approved as: ☐ free elective ☐ major requirement ☐ minor requirement ☐ Sophia requirement

Course approval sought for: (please check the appropriate selection)

☐ LO2: Women's Voices: Elective / Experiential / Major /

☐ LO2: Women's Voices: LO1: _____

☐ LO3: Social Responsibility A

☐ LO3: Social Responsibility B

☐ LO3: Intercultural Competence A

☐ LO3: Intercultural Competence B

☐ LO3: Global Learning A

☐ LO3: Global Learning B

☐ LO3: Academic Experiential Learning

Internship Field Supervisor _____ **Date:** _____
