

Independent Study / Directed Study Learning Agreement



Independent or Directed Studies allow students to pursue faculty-supervised study of topics not offered in the regular curriculum. Such experiences range from directed studies in which an instructor provides considerable supervision (e.g., convenes small classes or meets regularly with research teams) to independent studies in which student consult with faculty to develop a more autonomous project or course of study.

The learning agreement is a mutual understanding between the student and the college (the faculty supervisor). This agreement acts in lieu of a syllabus for a regular course. It assists faculty and students in determining that activities are worthy of academic credit as well as setting goals for learning.

The Learning Agreement must be submitted to the Registrar's Office before the end of the add/drop period.

Learning objectives, Questions 1-5, must be typed.

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Registration Information

- ▶ Check the department's course listings in the current year's catalog to determine whether or not the department offers independent study courses (numbered 299 or 499). Credit cannot be granted for independent or directed study if the department does not currently have an independent study course that has been approved by the Curriculum Committee.
- ▶ The level of the course (299 or 499) is determined by the faculty sponsor and reflects the depth and rigor of the course.
- ▶ The topic must be academically related to the department awarding credit, and may not duplicate material covered in existing courses.

Short Title of Independent Study: _____

Title will be reflected on transcript – maximum of 22 characters, including spaces

Faculty Sponsor: _____ **Department:** _____

Semester and year of Independent Study: ☐ Fall ☒ Spring ☐ Summer Year: 2020

Type: ☒ Independent Study ☐ Directed Study **Course number*:** ☐ 299 ☒ 499

Start Date (mm/dd/yyyy) 01/27/2020 **End Date** (mm/dd/yyyy) 04/30/2020

Dates of Independent/Directed Study must fall within a regular semester.

Total # of weeks 14 **Hours per week** 7 **Total hours completed during semester** 90
(Total weeks x Hours per week)

Grade type*: ☐ Letter Grade ☒ Credit/No Credit **Number of credits*:** ☐ 1 ☒ 2 ☐ 3 ☐ 4

* Grade type, allowable credit hours and course level are dictated by the department's current course offerings. One credit hour may be awarded for every three hours of activity per week, over a 15 week semester (45 activity hours per credit). 1 credit = 45 hours. 2 credits = 90 hours. 3 credits = 135 hours. 4 credits = 180 hours.

Description of Independent Study/Directed Study

Students should consult with the faculty sponsor to formulate this proposal. Please attach a typed response to the following questions (suggested length: 1-2 pages).

1. List your primary learning objectives. Describe what you hope to accomplish and learn from this experience.
2. Provide a complete description outlining your specific responsibilities, projects, and/or tasks.
3. Describe the type and frequency of the feedback you will receive. When and how will your performance be evaluated?
4. How will you demonstrate to your faculty sponsor what you have learned (i.e. paper, journal, project, portfolio, etc.). Be specific. Also include the date when work is due. It is recommended that for a written product, the length be commensurate with the amount of credit being granted.
5. Describe your arrangements for contact with your faculty sponsor (meetings, email, phone, etc.).

AGREEMENT

Please note that Lewis & Clark College does not have software to authenticate digital signatures and they cannot be accepted.

Student: I agree with and accept the academic and work assignments within this agreement and attached documentation. I understand and will adhere to the registration procedure. I will complete all assignments to the best of my ability.

Signature _____ Print Name _____ Date _____

Faculty Sponsor: I have determined that the student has fulfilled the necessary prerequisites for the above stated experience. I have discussed the academic component of this experience with the student and we have agreed upon the learning objectives as indicated above and in the attached documentation. I further agree to meet regularly with the student to discuss the experience. I will evaluate the student based on the student's performance on task, ability to reach the learning objectives, and completion of written work, or other project.

Signature _____ Print Name _____ Date _____

Department Chair: I have reviewed the student's academic plan of study and support the student in pursuing this experience.

Signature _____ Print Name _____ Date _____