### 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).

<table>
<thead>
<tr>
<th>Last/First Name</th>
<th>SMC ID #</th>
<th>Semester:</th>
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Major(s)__________________________ Minor (s) ______________________

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

<table>
<thead>
<tr>
<th>Hours</th>
<th>Department/Course #</th>
<th>Semester</th>
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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 independent study approximately 3 hours per week per credit; for internship 4 hours per week per credit.

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 / LO3: Intercultural Competence A
LO2: Women’s Voices: LO1: ____________________ LO3: Intercultural Competence B
LO3: Social Responsibility A  LO3: Global Learning A
LO3: Social Responsibility B  LO3: Global Learning B
LO3: Academic Experiential Learning

Internship Field Supervisor _______________________________________________________ Date: _____________

Revised: 11/14