

## Registration Contract

B.A. Liberal Studies Program

Please complete this form with the appropriate signatures and return to the Registrar in person or email to [studentservices.aus@antioch.edu](mailto:studentservices.aus@antioch.edu).

### Student Information:

Student Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_ Quarter/Year: \_\_\_\_\_

### Independent Studies:

All Independent Studies require a completed **"Independent Study Contract."**

LIB-3990: Independent Study credits (1-10): \_\_\_\_\_ EXP-3970: Service Learning credits (1-10): \_\_\_\_\_

EXP-3980: Internship/Practicum credits (1-10): \_\_\_\_\_ EXP-3960: Student Leadership credits (1-10): \_\_\_\_\_

LIB-3100: Educational Design credits (1-2): \_\_\_\_\_

Title (30 character limit): \_\_\_\_\_

### Penultimate Quarter Registration:

LIB-4400: Competency Integration Seminar (CIS) credits (1-2): \_\_\_\_\_

By signing here, the adviser approves the student's Educational Design Portfolio which includes the entry essay, liberaarts essay, plan of study, and up-to-date Area of Concentration plan.

Adviser Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Senior Synthesis Quarter Registration:

CIS is a prerequisite for taking SSS. The following two must be registered concurrently and require an **"Independent Study Contract."**

LIB 4450: Senior Synthesis Seminar (SSS) credits (1-2): \_\_\_\_\_

LIB-4500: Senior Synthesis Project credits (1-6): \_\_\_\_\_

Project Title (30 character limit): \_\_\_\_\_

By signing here, the adviser approves the student's Demonstration Portfolio which includes final Area of Concentration plan and sample best work that demonstrates core competencies. The adviser attests the student can reasonably complete the remaining degree requirements in this final quarter.

Adviser Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Evaluator Information:**

*This section is required for **Independent Studies** and **Senior Synthesis Projects**.*

**Evaluator Name:** \_\_\_\_\_

**Evaluator Phone #:** \_\_\_\_\_ **Evaluator Email:** \_\_\_\_\_

**Evaluator Resume:**        **Attached**        **On-file** (*Evaluator is core faculty or adjunct within the last two years.*)

**Requesting Evaluator Honorarium:**

*Check if requesting a \$100 evaluator stipend. Payments will be dispensed to the evaluator on the last business day of the month at the end of the quarter.*

**Student Agreement:**

*I understand that this document is a formal request for registration and assessment of the above learning activities. I agree to pay the associated registration charges for these activities and understand that failure to do so may result in the submission of my student account to an outside collection agency. I understand that all costs, fees, and expenses incurred by Antioch in attempting to collect the debt will be added to the account balance. These costs may include, but are not limited to, collection agency fees, reasonable attorney fees, court costs, and other out-of-pocket expenses.*

**Required Signatures:**

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Evaluator Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Required for **Independent Studies** and **Senior Synthesis Project** approval*

**Core Faculty Adviser Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**BA Chair Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Required for **Independent Studies** and **Senior Synthesis Project** approval*

## Independent Study Contract

B.A. Liberal Studies Program

Please complete this form for *Independent Studies* and *Senior Synthesis Projects*.

**Student Information:**

Student Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Title (30 character limit): \_\_\_\_\_

**Major Learning Intentions:**

*What is the overall purpose of this activity?*

**Learning Goals:**

*What specific knowledge, skills, and attitudinal competencies will be acquired?*

**Learning Experiences:**

*What experiences will the student undertake in order to achieve the intended objectives?*

**Demonstration of Learning:**

*How will the learning be demonstrated to the evaluation? What criteria will be used for assessment?*

**Readings or Resources Required:**

*What readings or other learning resources will be used?*

**Evaluator Role:**

*What forms of assistance has the evaluator agreed to provide?*

**Scheduled Completion Date:**

*Student work is typically completed and submitted to the evaluator by the **tenth week** of the quarter.*

**Student Due Date:** \_\_\_\_\_

**Evaluator Assessment Due Date:**

*Evaluators submit assessments by the **twelfth week** of the quarter. Evaluations are submitted directly to the registrar in person or emailed to [registrar@antioch.edu](mailto:registrar@antioch.edu).*

**Evaluator Due Date:** \_\_\_\_\_