



BA Independent Study Contract

Discipline: _____

Student Name: _____ Student ID#: _____

Title of Learning Activity: _____ Course #: _____

Quarter: _____ Credits: _____

Name of Site (if applicable): _____

Evaluator Name: _____ Degrees: _____

Please include your evaluator's resume with this contract. Resume on file

Major Learning Intention:

What is the overall purpose of this independent study?

Learning Objectives:

What specific knowledge, skill and/or attitudinal competencies will be acquired?

Learning Activities:

What experiences will the student undertake in order to achieve the intention and objectives?

Learning Documentation & Demonstration:

*How will accomplishment of learning objectives be demonstrated to the evaluator?
What criteria will be used for the assessment?*

Resources Required:

What readings or other learning resources will be used, if any?

Evaluator Role:

What forms of assistance has the evaluator agreed to provide?

Scheduled Completion:

Student work to be completed and submitted to evaluator (no later than Friday of week 10): _____

Evaluation to be submitted to Antioch by (date): _____

We agree to the above learning plan:

Student: _____ Date: _____

Evaluator: _____ Date: _____

Student's Core Faculty Advisor: _____ Date: _____

*Note: Email approval is acceptable in lieu of a hard signature if provided via an antioch.edu email account. *Completed form should be returned to student services: studentservices.ausb@antioch.edu