



Independent Reading Course Contract

Part A: Please complete, sign and deposit in Graduate Program Co-ordinator's office ED 244						
Student Name					Student #	
Student Email						
Professor Name					Office #	
Professor email						
Program	Educational Leadership		Education & Society		Second Language Education	
Term	Fall		Winter		Spring/Summer	
Number of credits	3.0		6.0			
Part B: Completed by Graduate Program Coordinator						
CRN			Course #			Section #
Part C: Department Approval						
Chair/GPD name				Chair/GPD signature		

COURSE DESCRIPTION:
LEARNING OBJECTIVES:
COURSE OUTCOMES
EVALUATION CRITERIA
READING LIST

I have reviewed and find acceptable the above learning contract.

Date:		Student Signature	
Date:		Professor Signature	
Date:		Program Director Signature	