

## Graduate Group in Cultural Studies Learning Contract for 299 Individual Studies Units

**Part I** of the learning contract must be signed by both the student and instructor, approved and signed off by the graduate advisor and filed with the CST program staff person at the beginning of the quarter.

**Part I:**

Course Identification: CRN # \_\_\_\_\_

Department \_\_\_\_\_

	Units	Quarter	Year
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Faculty and Student to meet \_\_\_\_\_ hour(s) per week.

Meeting to take place in Room \_\_\_\_\_ Building \_\_\_\_\_

Time (of Meeting): From \_\_\_\_\_ to \_\_\_\_\_

Course Plan:

Please attach a reading list.

\_\_\_\_\_  
Instructor's Signature

\_\_\_\_\_  
Instructors Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Student's Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Graduate Advisor's Signature

\_\_\_\_\_  
Graduate Advisor's Printed Name

\_\_\_\_\_  
Date