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 _____________

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 ____________

CST Form: Revised 6/27/05