College of Communication and Information

Graduate Program in Communication

Individualized Learning Contract

Student Name:_____ Year: _____

UKID: _____ Semester: _____

Course: _____

Faculty Sponsor: _____

# of Credits: ⓪ ① ② ③ ④ ⑤ ⑥

Description of Project (include a general description and specific rationale for choosing this study)

Evaluation Methods (paper, tests, etc.)

Meeting Pattern (indicate the approximate schedule of meeting times and deadlines)

Student Signature Date

Faculty Sponsor Signature Date

Associate Dean for Graduate Programs in Communication Signature Date