

*Distance Learning Center
University of Wisconsin-Superior
68-1000-32 (6/10)*

IDS 495 CONTRACT

Student ' s Name: _____

ID Number: _____

Address: _____

Phone (home): _____

City/State/Zip: _____

Phone(work): _____

Course No: **IDS 495** _____

Title of Contract: _____

Number of Credits: _____

Instructor: _____

Competency Statement:

Objectives:

Course Requirements:

Resources:

Learning Activities:

Public Presentation of Activities, Projects, or Outcomes (required):

Options may include presentation to the public via a website; presentation to a campus audience via videoconference; presentation on campus with others in the discipline; community presentation with the involvement or review of faculty; or other forms of presentation negotiated by student and instructor.

Evaluation:

Student's Signature: _____ Date: _____

Instructor's Signature: _____ Date: _____