

*Distance Learning Center
University of Wisconsin-Superior*

The student must originate an initial discussion with the instructor by phone or by e-mail regarding her/his ideas for a Capstone Experience prior to completing this form. The form is then forwarded to the instructor for signature.

Permission to Register for IDS 495

Student's Name

has my permission to enroll in a learning contract for

IDS 495, Capstone Experience for _____ credits.

I will serve as the instructor for this contract and determine the final grade for the student.

Instructor's Signature

Date

This form *must* be returned to the Distance Learning Center.