

*Distance Learning Center  
University of Wisconsin-Superior  
68-1000-32 (7/05)*

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***Learning Contract***

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Student's Name: \_\_\_\_\_

SID: \_\_\_\_\_

Address: \_\_\_\_\_

Phone (home): \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone(work): \_\_\_\_\_

Course No: \_\_\_\_\_

Title of Contract: \_\_\_\_\_

Number of Credits: \_\_\_\_\_

Instructor: \_\_\_\_\_

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**Competency Statement:**

**Objectives:**

**Course Requirements:**

**Resources:**

**Learning Activities:**

**Evaluation:**

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Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Instructor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return to the Distance Learning Center, Erlanson 105.**