

**University of Wisconsin-Superior**

(6/2018)

*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

\_\_\_\_\_

Student ID Number

\_\_\_\_\_

has my permission to enroll in a learning contract for

**IDS 495, Capstone Experience** for \_\_\_\_\_ credits.

Semester

\_\_\_\_\_

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

\_\_\_\_\_  
Instructor's Signature

\_\_\_\_\_  
Date