

*Please add attachments
BEFORE digitally signing

Undergraduate and Graduate Experiential Learning Contract (COVID-19)

Student Information

Student Name: _____ SID (not SSN): _____
Email: _____ Phone: _____
(where we can reach you while onsite)
Course: _____ Credit hours: _____ Semester: Fall Spring Summer Year: _____
(prefix, course number, section number)
Academic advisor: _____ (name) _____ (email) _____ (phone)
Faculty mentor (if different than the academic advisor):
_____ (name) _____ (email) _____ (phone)

Host Information (if applicable)

Site/Lab name: _____
Site/Lab address: _____
Contact name: _____ Contact email: _____
Contact phone number: _____

Course Specifics

Students shall not be permitted to begin onsite work until their application is approved by the college.

Hours -

Starting Time: _____ Ending Time: _____ Average Hours/Week: _____ Number of Weeks: _____ Total Hours: _____

Learning goals-

General description of methods and/or duties (i.e., what will the student do)

Deliverables (e.g., assignments with due dates)

Grading expectations

Arrangements for advisor-mentor-student interactions

Signatures

(Student)

(Faculty Mentor or Academic Advisor)

(DUS or DGS or Department Chair)

(College Approval)

Please attach a copy of the syllabus, other learning contracts, and signed student waiver to this pdf then submit to Jamie Dunn at jdunn2@uky.edu.