



PROVIDENCE
COLLEGE

School of Continuing Education

LEARNING AGREEMENT for Directed Studies

STUDENT SECTION:

(Students must be enrolled in a degree program in order to complete a Directed Study.)

Deadline: This agreement must be completed, signed by all designated parties, and submitted to the SCE office by the start of the semester.

1. The student should fill out this agreement in direct consultation with the faculty supervisor.
2. Upon completion, make three complete copies of the agreement. Retain one copy and provide copies to the faculty and site supervisors.
3. Submit the **ORIGINAL, SIGNED** agreement to the Dean of the School of Continuing Education, Harkins Hall Room 109, Providence College, 1 Cunningham Square, Providence College, Providence, RI 02918.

NOTE: *Revisions and additions to the agreement can be made by mutual consent.*

(Please PRINT)

Student: _____ Banner ID#: _____

Graduation Year: _____ Major/Program: _____

Phone (Home): _____ Phone (Work/Cell): _____

E-mail: _____

Faculty Supervisor: _____ Phone: _____

Faculty Supervisor's Email: _____

Academic Department: _____ Course Number: _____

Course Title: _____

Semester: *Fall, Spring, or Summer/ Year:* _____ # Credits: _____ Major Credit: *Yes or No* Grade: *P/F or Letter*

DIRECTED STUDY

NOTE: If there is a syllabus for the Directed Study, please attach

1. Academic learning objectives:

2. List the readings, projects, seminar participation, evaluations, or other academic components required for successful completion of the directed study (include submission dates, as applicable):

3. Describe arrangements for contact with faculty supervisor (seminar, individual meetings, e-mail, phone, etc.)

4. Additional:

Student signature Date

Faculty supervisor signature Date

Dean, School of Continuing Education Date

FOR SCE OFFICE USE ONLY:

Method of Payment:

- ☐ Financial Aid Type of Aid: _____
- ☐ Check/Money Order (Make check payable to Providence College/SCE)
- ☐ Credit Card VISA _____ MASTERCARD _____

Card Number: _____ Expiration Date: _____

Student Signature: _____

- ☐ Third Party Voucher
- ☐ Other

FOR OFFICE USE ONLY:

Payment Received _____ Course Number _____

Date Registered _____ CRN _____