

Student/Research Advisor Contract for SES 499: Individualized Instruction

_____	_____	_____
Student Name	ASU ID	Major
_____	_____	
Phone Number	Email Address	

Grading Option: Pass/Fail OR Standard Grading (A-E)

Standard Grading option will require a clearly defined set of expectations for each letter grade. Please attach this information to this contract.

Number of credits for individualized instruction (1-3): _____

The expectation is that students will complete 2-3 hours of research work per week for each credit hour being earned.

To be filled out by student

In a few sentences, please summarize the details of the research project:

To be filled out by research advisor

Please summarize the general expectations for the work that needs to be completed in order for the student to earn credit:

I understand that failure to complete these terms by the stated deadline may result in a failing grade and that any changes to these terms must be approved by the research advisor named on this form and the SESE Associate Director for Undergraduate Initiatives. (ALL SIGNATURES REQUIRED)

_____	_____	_____
Student Name	Student Signature	Date
_____	_____	_____
Research Advisor Name	Research Advisor Signature	Date
_____	_____	_____
SESE Associate Director Signature		Date

Students should email the completed form to seseforms@asu.edu. If the request is approved, SESE will obtain the signature of the SESE Associate Director.