

Eagle Connections Academic Agreement

Semester:	Course:
Student Name:	Faculty Name:
ID Number:	Faculty Email:
Student Email:	Faculty Phone #:

List 3-5 objectives (from the syllabus) below to be the learning goals for the student.

Course Objectives to be met by the student:	List resources available to help the student complete the objective.	List how the student will demonstrate understanding and successful completion of the objective.
1.		
2.		
3.		
4.		
5.		

A mid-term meeting should be scheduled to assess how the student is progressing and offer guidance as needed. Students are auditing the course and do not receive credit or a GPA. However, they are expected to participate and complete the course objectives listed above to show Satisfactory Academic Progress. Please make copies for the instructor, student, and mentor.

Instructor Signature:	Date:
Student Signature:	Date:
Mentor Signature:	Date:
Mentor Name:	
Mentor Contact Info:	