

White Copy: Attach to ENROLLMENT  
or SCHEDULE CHANGE form  
Yellow Copy: Student  
Pink Copy: Instructor

**LEARNING CONTRACT**  
Contract Agreement for Late Enrollment

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Course CRN Number \_\_\_\_\_ Course Title \_\_\_\_\_

By enrolling late, I understand that my chances of success in the above course may be diminished. To increase my chances for success in this course, I agree to complete the following missed work within the indicated time frame. I understand that failure to complete this work in the stated time frame may adversely affect my grade and/or my ability to satisfactorily complete the course.

Assignments to Complete

Due Date

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Instructor: \_\_\_\_\_