

# Course Learning Contract (CLC)

## Application to add a course to the schedule by means of a Course Learning Contract

The application for a Course Learning Contract (CLC) must be completed and documentation must be attached for the student's request to be approved. The student must discuss the need for a Course Learning Contract (CLC) with the appropriate faculty member or division chair. The student and faculty member must mutually agree to the conditions stated for implementation and evaluation. The student and faculty member must complete this application form. Both parties must sign and date the document. The faculty member has the responsibility of petitioning the division chair for approval of the student's application for CLC when this is a faculty initiated request. When this is based on a course conversion, the division chair will work with the faculty for the acceptance/approval for the CLC.

The contract must be signed and approved by all parties and received in the Records office before the course can begin. Upon approval, the Records officer will register the student in the course. The student will be notified and payment will need to be made by the student.

### Student

Student Name: \_\_\_\_\_

Student N#: \_\_\_\_\_

Email: \_\_\_\_\_ @mail.wvnc.edu

Telephone: \_\_\_\_\_

Degree/Program: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

Subject: \_\_\_\_\_ Title: \_\_\_\_\_

Course Number: \_\_\_\_\_ Credit Hours: \_\_\_\_\_

Scheduled Beginning Date of Course: \_\_\_\_\_

Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Faculty Member

I petition my Division Chair for approval of a CLC for: \_\_\_\_\_

Faculty Name: \_\_\_\_\_ Date: \_\_\_\_\_

Faculty please submit the following attachments:

Reason for Course Learning Contract (Attachment I)

Method of meeting course objectives (Attachment II)

Method of evaluating student process (Attachment III)

Course Syllabus

Degree Evaluation

### Division Chair

Recommendation Approved: Yes: \_\_\_\_\_ No: \_\_\_\_\_ Faculty Load \_\_\_\_\_ Faculty Stipend \_\_\_\_\_

Comments: \_\_\_\_\_

Division Chair Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Chief Academic Officer**

Recommendation Approved: Yes: \_\_\_\_\_ No: \_\_\_\_\_ Faculty Load Faculty Stipend

Comments: \_\_\_\_\_  
\_\_\_\_\_

Provost Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Office Use Only**

CRN

Subject: \_\_\_\_\_ Number: \_\_\_\_\_ Notified Student: \_\_\_\_\_

Title: \_\_\_\_\_

Human Resources Office Notification: \_\_\_\_\_

Payment: CLC \_\_\_\_\_ credit hours x \$ \_\_\_\_\_ credit hour amount = \$ \_\_\_\_\_ Total Due

**Revised 8/19/2022**