Mathematics Department
Learning Agreement Form

Student Name: _________________________  OSU ID number: ____________
Student Email: _________________________  Registration Term: _____________
Faculty Supervisor: _____________________  Expected Graduation Term & Year: ______

This form must be completed in consultation with the student’s faculty supervisor and the mathematics head advisor before a student may register. Write the number of credits by the class you will be registered for this term:

_____ MTH 401 Research (1-16)  _____ MTH 406 Projects (P/N 1-3)
_____ MTH 403 Thesis (1-16)  _____ MTH 407 Seminar (3)
_____ MTH 405 Reading & Conference (1-16)  _____ MTH 410 Occupational Internship (P/N 3-12)

Please complete the following items before obtaining the required signatures.

1)  Statement of Learning Objectives:

2)  Student responsibilities for fulfilling the Learning Objectives:

3)  Means of evaluation: (MTH 410 Internship must include a one-hour seminar at the end of the internship.)

Required Signatures

Student: ____________________________________________ Date: ______________
Faculty Supervisor: _________________________________ Date: ______________
Mathematics Head Advisor: __________________________ Date: ______________
Date an override is entered by department scheduler: ______________________