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:	