

# University of Northern Colorado

## Extended Campus

### Course Credit Agreement Form

**This form must be completed to register for the following types of courses: Directed Study, Non-Scheduled, Thesis, Dissertation Proposal, or Dissertation.**

The purpose of this form is to assist UNC in complying with CCHE policy regarding the relationship of course expectations to academic credit. UNC expects three hours per week of student educational activity per credit hour for these types of courses. The information on this form is intended to provide a standard format for documenting the rationale for credit hours earned in these courses based on educational merit, required student learning activities, faculty student interaction and the resulting educational benefits to the student.

**On-campus students may not apply for the directed study or non-scheduled courses through Extended Campus and take on-campus courses during the same term. Off-campus degree students' enrollments in directed study or non-scheduled courses will be recorded as Extended Campus courses and should use an off-campus budget code. This form must be submitted through the academic department that offers the student's program.**

(Attach separate sheet with responses if necessary. Signatures required on this form.)

STUDENT NAME \_\_\_\_\_ BEAR # \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_  
 DEGREE PROGRAM \_\_\_\_\_ LOCATION \_\_\_\_\_  
 COURSE PREFIX & NUMBER \_\_\_\_\_ TERM/YEAR \_\_\_\_\_  
 BEGIN/COMPLETION DATES \_\_\_\_\_ CREDITS \_\_\_\_\_  
 COURSE TITLE \_\_\_\_\_  
 SUPERVISING INSTRUCTOR \_\_\_\_\_

1. Expectation: Specify knowledge and skills to be gained and/or demonstrated.
  
  
  
2. Required student learning activities
  
  
  
3. Frequency and form of faculty/student contact
  
  
  
4. Evaluation: Form(s) of competency/knowledge demonstration
  
  
  
5. Reason for taking this course outside the classroom.

\_\_\_\_\_  
Supervising Instructor Signature    Date          Program Coordinator or Director    Date

\_\_\_\_\_  
Student    Date          Extended Campus Director    Date

Instructions for completion:  
 • complete via faculty/student consultation \*must be signed by supervising instructor, program coordinator, rep. from Office of Extended Studies and student  
 • retain a copy in department with documentation of final evaluation attached for a period of not less than three years

## **EXAMPLES**

### **1. Expectations**

Directed Study Course

- Review and summarize the professional literature in the student s discipline
- Apply the knowledge gained from the literature review to the content area of the discipline
- Be able to demonstrate a learned method or technique in the student field of study

Thesis Course

- Review literature related to research topic
- Integrate literature into problem statement for thesis

### **2. Required Student Learning Activities (must be sufficient to justify number of credits earned)**

- Library Research
- Survey or interview of discipline experts
- Rehearsal
- Development and perfection of technique
- Data collection

### **3. Frequency and Form of Student Contact**

- Weekly office consultations
- Weekly E-mail progress updates
- Everyday meetings the first week, bi-weekly until the end of the term, every day during the last week of the term
- Weekly or bi-weekly demonstration of progress (laboratory or field)

### **4. Evaluation**

- Comprehensive analytic or evaluative reports
- Proficiency demonstration
- Examination (s)
- Integrative paper

**For office use only:**

**COST** \_\_\_\_\_

**SCHEDULE CODE** \_\_\_\_\_

**ACCOUNT#** \_\_\_\_\_