

## LEARNING AGREEMENT

\_\_\_\_\_  
Name of Fellow (Please type or print)

\_\_\_\_\_  
Name of Mentor (Please type or print)

**Please enter brief statements about your plans for the semester or the year below. (Please note that it is not required to develop a project in each of the three areas each semester, and that research experience is fundamental for admission to and success in doctoral programs.)**

**This agreement covers:**

the \_\_\_\_\_ semester

the academic year \_\_\_\_\_

**1. Frequency and time of meetings:**

**2. Description of scholarly or research project:**

**3. Plans to explore a professor's work as a teacher:**

**4. Plans to explore the service component of a professor's work:**

\_\_\_\_\_  
Fellow (please sign)

\_\_\_\_\_  
date

\_\_\_\_\_  
Mentor (please sign)

\_\_\_\_\_  
date