

Learning and Advising Contract

Name _____ Mills ID _____ Email _____

Fall 2015

Semester (including this one): at Mills 1 2 3 4 5 6 7 8 and to Graduation 1 2 3 4 5 6 7 8

Goals

Long Term (*Why are you in college? What do you want to be "when you grow up"? What are we working towards here?*):

Short Term (*What do you hope to accomplish this semester? What are your performance targets? How do your immediate goals fit into your overall educational trajectory? Why these courses at this time?*)

Academic Activities undertaken this semester for credit

Dept	Course Number	CRN	Section	Course Title	Instructor	Pass/Audit	Credits

Other Activities (*What other things (work, extracurriculars, family, etc.) will you be doing this semester that contribute to your education, round out your life, and/or compete with your schooling?*)

Criteria for Evaluation (*How should we evaluate this semester both as a satisfactory educational experience for you and as a satisfactory performance by you.*)

Signatures

_____ Student _____ Date _____ Advisor _____ Date _____