

## Independent Learning Contract - Approval Form - Request Evaluator Payment

After obtaining ALL Center required signatures listed below, give a copy to Margaret Conley and your faculty advisor. You must then turn the original in to the Registrar's office. The Registrar will **NOT** accept or process without all signatures.

Student Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_

**Student's Program:**

ISP       AT/CCFT       AT/MHC       CCFT       MHC       PsyD

MAP599 Independent Study       PSD799 Independent Study

Title of Learning Activity: (29 characters or less) \_\_\_\_\_

Quarter Taken: \_\_\_\_\_ # of Credits: \_\_\_\_\_

Evaluator Name: \_\_\_\_\_

Evaluator phone#: \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_

Evaluator resume:  attached  on file  I-9 attached, as needed for new evaluators.

Evaluator requests payment

Syllabus is attached, with signatures of student, evaluator and advisor.

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**Student agreement:** I understand that this document is a formal request for registration and assessment of the above learning activities. I agree to pay the associated registration charges for these activities and understand that failure to do so may result in the submission of my student account to an outside collections agency. I understand that all costs, fees and expenses incurred by Antioch in attempting to collect the debt will be added to the account balance. These costs may include, but are not limited to, collection agency fees, reasonable attorney fees, court costs and other out-of-pocket expenses.

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 We agree to the above learning plan:

Student: \_\_\_\_\_ Date: \_\_\_\_\_

Evaluator: \_\_\_\_\_ Date: \_\_\_\_\_

Student's Faculty Advisor: \_\_\_\_\_ Date: \_\_\_\_\_

Student's Program Chair \_\_\_\_\_ Date: \_\_\_\_\_