

Rehabilitation Sciences Institute

500 University Ave., Toronto, Ontario, M5G 1V7 ♦♦♦♦ Tel: (416) 978-0300 ♦♦♦♦ Fax: (416) 946-8762

LEARNING CONTRACT FOR PART-TIME STUDENTS

| | |
|--|------------------------|
| NAME OF STUDENT: _____ | STUDENT # _____ |
| NAME OF SUPERVISOR: _____ | |
| THESIS TOPIC: _____ | |
| ANNUAL PLAN | |
| YEAR 1: COURSE | _____ |
| YEAR 2: COURSE | _____ |
| YEAR 3: THESIS ACTIVITY | _____ |
| YEAR 4: THESIS ACTIVITY | _____ |
| YEAR 5: THESIS ACTIVITY | _____ |
| DEFENSE DATE: | _____ |
| Please Note: Course work must be completed within the first two years. | |

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|-------------------------|----------------------|
| SUPERVISOR _____ | STUDENT _____ |
| (signature) | (signature) |
| DATE: _____ | |