

## CHEMISTRY OUTREACH CONTRACT

I, \_\_\_\_\_, have enrolled in Chem 493, Chemistry Outreach, under the direction of \_\_\_\_\_ during \_\_\_\_\_ semester 20\_\_\_\_. The outreach program in which I will participate is \_\_\_\_\_.

I have elected to enroll in this course for \_\_\_\_ credits, fully cognizant of the fact that I will be expected to complete \_\_\_\_ hours of independent work/research (library, preparation, laboratory, etc.), participation in the outreach each week. I understand that I need to meet once a week with the instructor. The meetings will occur each week on \_\_\_\_\_ from \_\_\_\_\_.

I will participate in the outreach at the following dates and times:  
\_\_\_\_\_

I understand that, if applicable, transportation to the activity must be provided by the student.

Having received a copy of the CHEM 493 syllabus, I am aware that I am responsible for submitting various assignments to the instructor. Details for each of these assignments can be found in the syllabus. I will submit these on the following dates:

Proposal	Due date:
Draft of Outreach Exercises	Due date:
Final Copy of Outreach Exercises	Due date:
Reflection Paper	Due date:

I understand that if the assignments are late, a penalty to the report grade will occur.

I am also fully aware of the safety rules that exist in all chemistry courses (including this one) and will abide by them in the laboratory. In addition, I may be permitted to work in the laboratory on my own during normal building hours after I have been adequately trained in the techniques/instrumentation I will be using. (I must use the "buddy" system at all other times.)

Through this experience I hope to develop my own strategies for problem-solving, troubleshooting and critical thinking. The instructor will not complete the exercises for me; however, she is more than willing and expects to assist me when questions/problems arise. I

have read the syllabus and completed this contract and understand the expectations for the course.

Student signature: \_\_\_\_\_

Faculty Advisor: \_\_\_\_\_

Department Chair: \_\_\_\_\_

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

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