

Contracts are due to Student's CxC Rep or Coates 208 (CxC Main Office) by 4:30pm the 3rd Friday of the semester (SP and FA; SU differs)

THE PROFESSOR MUST INITIAL *ONE* OF THE FOLLOWING STATEMENTS

The student will complete the C-I activities defined above as **substitutions** for other course requirements, which will count for at least
20% (if 1 mode/1 credit course)
30% (if 1 mode/2+credit course) or
40% (2 modes/2+credit course)
of the course grade.

_____ (faculty initials)

O
R

The student will complete the C-I activities defined above **in addition** to the required course assignments. While this C-I work will not be counted toward the final course grade, the activities will be graded for the purposes of this contract.

_____ (faculty initials)

O
R

The student will complete activities defined above **in accordance** with the course syllabus, which will count for at least
20% (if 1 mode/1 credit course)
30% (if 1 mode/2+credit course) or
40% (2 modes/2+credit course)
of the course grade.

_____ (faculty initials)

STUDENT COMMITMENT

I agree to complete all of the activities outlined within this contract. I understand I must receive a B- or higher on all contracted C-I activities, as well as earn a B- or higher in the course overall to receive C-I credit.

Student's Signature

Date

PROFESSOR COMMITMENT

I agree to provide this student with the opportunity to receive Communication-Intensive credit for this course by via the activities outlined within this contract. As a C-I instructor, I am committed to:

- not only assigning communication-intensive activities but also teaching students effective communication techniques specific to this discipline.
- providing feedback that enriches the students' learning experiences.
- talking with my students about the importance of communicating in this discipline and the resources available to them through the CXC program.
- notifying CXC if anything about this course changes that would potentially compromise this contract (e.g., assignment details, teaching strategies, student enrollment).

Professor's Signature

Date

Office Phone

E-mail Address

CxC APPROVAL

I certify the course plan outlined within this contract is appropriate and meets the rigor of C-I course certification.

CxC Rep Signature

Date

Questions? Call CxC at 578-7795 or email cxc@lsu.edu.