JOHNSTON CENTER COURS University of Redlands Office of the Registrar	SE CONTRACT		Term	Year
Student Name Printed		Instructor Name Pi	rinted	
Course ID (as listed in the Schedule of Classes)	Course Title			
Day & Time	Ad	visor		
Unit*				
COURSE DESCRIPTION (Consider resources such as reading lists; upper division or lower division)				
[Consider: negotiation of units; time allotests); methods proposed for evaluation; faculty involvement.]	relation of course to Graduat	vledge of subject; cou ion Contract; respons	libility to other class m	
NOTE. COIII	racts that are not comp	viere will ne letat	וופט נט אנטטפוונא.	
Student Signature	/ Date	Instructor Signa	nture	/ Date

Distribution: Student returns a copy to the Registrar's office, student gives a copy to advisor, student gives a copy to instructor, and student retains a copy